

CITY OF EDINBURGH



HEALTH DEPARTMENT  
1969



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*Compliments*





CITY OF EDINBURGH

# ANNUAL REPORT

OF THE

# HEALTH DEPARTMENT

FOR THE YEAR

1969

BY THE

MEDICAL OFFICER OF HEALTH



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Public Health Chambers,  
Johnston Terrace,  
Edinburgh,  
EH1 2PP

*To: The Corporation of the City of Edinburgh.*

My Lord Provost, Ladies and Gentlemen,

I have the honour to submit the Annual Report of the Health and Social Services Department for the year 1969.

Mention has been made in previous years of the transfer of social work functions to a new local authority department. On the appointed day, 17th November 1969, in accordance with the provisions of the Social Work (Scotland) Act, the responsibility for community mental health, welfare of the elderly and disabled, home helps and registration of nurseries and child-minders was handed over to the Director of Social Work. Despite the valiant efforts of the Social Work Committee to make wise and realistic appointments to the senior posts and to cosset and nurse the new department through the anticipated teething troubles, I have no hesitation in re-affirming my opinion that the White Paper on social work with the subsequent Act has caused a serious set-back to the development of social work for mental disorder in Edinburgh. Although it was necessary to bring a social work service to all parts of Scotland, it is depressing to see our community mental health provisions, formerly amongst the best in Britain, levelled down to those of more primitive parts of the country.

## THE PARTNERSHIP OF HEALTH AND SOCIAL SERVICES

"And though thou thinkest that thou knowest sure  
Thy victory, yet thou canst not surely know"

Whilst the concept of prevention is still so new to many doctors and social workers in 1970 as to be largely unexplored territory the inclusion of Section 27 prevention, care and aftercare, in the National Health Service (Scotland) Act of 1947 was a logical development for the local authority public health service. In Edinburgh preventive measures which had finally and completely brought under control the scourges of diphtheria and poliomyelitis were concentrated on tuberculosis, culminating in the spectacularly successful Edinburgh X-ray Campaign of 1958. From an earlier Pilton ward X-ray campaign in 1953 there was created the Pilton Care Committee, the first voluntary community enterprise devoted to the prevention and alleviation of social problems. In Central Leith a ward committee for an X-ray campaign in 1955 subsequently established the first Lunch Club for the elderly in the city. Thus there was harnessed together local voluntary effort with the Public Health Department to cope with social needs which were brought to light by surveys undertaken by medical and health visiting staff into the problems of families, children, the elderly, and mental disorder.

### Families

For many years after the beginning of the National Health Service 21 years ago, Edinburgh was the only local authority in Scotland to employ a medical



social worker to deal with social problems in the community in association with family doctors; and in 1958 the first family caseworker to be appointed by a Scottish local authority commenced her social work activities as part of a joint project between the Health Committee and the Council of Social Service. Although a second caseworker was later appointed, this five-year trial, designed to prevent the break-up of families in difficulties, had to be terminated when responsibility for preventive child care work was transferred to the Children's Department by national legislation.

Edinburgh's Public Health Department was again in the forefront of family care with its proposal for a Health, Welfare and Advice Centre at Craigmillar, although the project was delayed for three years by the search for premises and by luke-warm support for its financial implications. Nevertheless, the first centre co-ordinator, Mr G. Lythe, was appointed in November 1967.

## **Children**

It is noteworthy that the Public Health Department accepted responsibility for four day nurseries as long ago as 1918, and now the Social Work Department has inherited fourteen day nurseries providing places for 825 children, whilst at the end of the year there were registered no fewer than 42 private day nurseries and 99 child-minders providing places for a total of 2,716 pre-school children.

A most active voluntary organisation, the Edinburgh Toddlers' Playcentres Association, whose existence owes much to the enthusiasm of Dr. Margaret Brotherston, mother of the Chief Medical Officer for Scotland, has been the envy of child care services throughout the whole of Britain. This body ought to qualify for an award as one of the earliest preventive social work services still in existence; it organises and operates 36 playcentres catering for 1,200 children, and because of its long history of harmonious relationships with our child health services its special plea for the continuation of this relationship has been granted. In recent years the Association has co-operated in providing centres for children in high flats, to whose problems attention was specifically drawn in my report for 1965.

## **The Elderly**

A co-ordinating committee for the care of the elderly in 1955 produced the first Index of Facilities for the Chronic Sick and Aged. This booklet, invaluable to family doctors, health visitors and social workers, has been kept up to date as statutory and voluntary services have been expanded to meet the needs of those who are elderly, chronically ill or handicapped. Undoubtedly the most valuable provision over the years has been the home help service, now transferred to the Social Work Department, in a healthy state without a waiting list. In recent years too health visitors have become more involved not only in providing home care for the elderly but also in assessing their medical, nursing and social needs. Thus visits to the recently bereaved introduced in 1964 have been continued and extended to those who may seldom or never be seen by their family doctor. Assessment visits are most conveniently arranged where the health visitor is attached to the general medical practice with access to practice records as a basis for her selection of patients.

## **Mental Disorder**

In 1956 Edinburgh appointed the first senior medical officer for mental health—a community service which initially concentrated on mental handicap and quickly provided both a residential and a day-care centre at Willowbrae.

There was also organised and established, with the goodwill and assistance of psychiatrists at the Royal Edinburgh Hospital, training courses for health visitors and mental health officers in the problems of community mental health. The Medical Co-ordinating Advisory Committee which was set up on the recommendation of a working party of all sections of the medical profession in 1957, has proved an invaluable link between all concerned with mental illness and handicap.

Eversley House hostel, a half-way house for young men leaving Gogarburn Hospital and starting life in the community, opened in November 1963. In the course of six years 71 young men have been rehabilitated and successfully discharged home or into lodgings, and at the end of 1969 there were 14 residents, 11 of whom were in open employment, 2 attending the Industrial Rehabilitation Unit at Granton, and 1 attending the Longstone Work Centre. Eversley House was followed by the Northumberland Street hostel opened in 1964, the Longstone Work Centre in 1966 and Colinton Mains Farmhouse Group Home in 1967; whilst in addition 3 social clubs at Wilkie House were developed with financial support from the Health Committee and the Regional Hospital Board.

Because of the scarcity of social workers which could be foreseen for many years ahead, it was decided in Edinburgh before the Mental Health (Scotland) Act 1960 came into operation that rather than do nothing while social workers were trained, the gap should be filled firstly by health visitors after special training and discussion sessions at the Royal Edinburgh Hospital, and secondly by the appointment as mental health officers of experienced mental nurses who were thereafter seconded for social work training. A service was thus developed closely linked with the mental hospitals in anticipation of the eventual integration of hospital and community aspects of mental illness and mental deficiency in the best interests of the patients and their families.

As was so obvious to all but the social work planners the separation of community mental health from these interlocking arrangements with our hospital psychiatric colleagues, the scarcity of professionally qualified social workers, and the diversion of mental health officers to generic social work reopened the gap in the social work service for mental health which had been so evident ten years before. The all-purpose social worker may seem to be an ideal academic concept until it is realised that few young female social workers wish to become involved with mental illness and are in fact scared of such problems. It is clear that for selected social workers as for health visitors before them there will have to be arranged guidance and instruction from the mental hospitals about the care of mental illness in the community. It may be possible for some aspects of the service formerly provided by mental health officers to be undertaken either directly by nurses from the hospitals or by district nurses under hospital guidance, and this is being actively explored.

## Envoy

A major tragedy of the inclusion of community mental health in the new Social Work Department was the loss to Edinburgh by emigration of Dr. Richard Short who had not only been the architect of the merger of our mental health service with hospital psychiatry but he was also responsible for major advances in the co-ordination of services for the disabled which are unique in Britain. He was untiring in his efforts to help people in need, and contributed so much more to rehabilitation of the handicapped and mentally ill than will ever be achieved by the misguided enthusiasts who contrived to add

mental health to their social work empire. He takes with him to his new post in Fredericton, New Brunswick, our warmest good wishes for happiness and even greater success than he achieved in Edinburgh.

Despite the above criticisms of the Social Work (Scotland) Act, a very warm welcome indeed is extended to our new Social Work Department, and its Director, Dr. J. M. Mair, is assured of the full co-operation and assistance of the Health Department in his efforts to establish a social work service second to none in the country.

### THE HEALTH OF EDINBURGH, 1969

"For we are all, like swimmers in the sea,  
Poised on the top of a huge wave of fate,  
Which hangs uncertain to which side to fall"

#### Behind the Statistics

It has been said that statistics are like a bikini—whilst they can be most revealing they may also conceal important features. Thus, in Britain, the declining birth rate, which has been a feature of the last twenty years, has not only limited the growth of population but also in association with improvements in the standard of living, including better nutrition, control of environmental hazards, and advances in preventive and therapeutic medicine, it has encouraged a major shift of medical interest from infectious disease control to the problems of congenital disability, mental illness and disorders associated with ageing.

Behind the statistics too considerable controversy has been generated about the moral problems aroused by the contraceptive pill, sex education and illegitimate births, whilst deaths from cancer have continued to increase without attracting much public interest.

#### (a) The Pill

The most notable feature of the Edinburgh statistics for 1969 was the greatly reduced number of live births, 6,885—the lowest number registered in the city since 1933. The birth rate of 14·8 per thousand population was the lowest ever recorded except for the years 1917 and 1918. It is hoped that this indicates a trend towards every child being a wanted child with correspondingly better prospects for the quality of life for each child. This is the objective of the Family Planning Association whose Edinburgh branch has an arrangement with the Corporation to make available, free of charge, advice and treatment for those women in whom pregnancy would be detrimental to health. At the family planning clinics at Dean Terrace, Sighthill, Prestonfield, West Pilton, Clermiston and Gilmerton experienced doctors provide the necessary guidance and recommend the most appropriate contraceptive method suited to each individual.

Despite much adverse publicity about the contraceptive pill it must be emphasised that risks to health are in fact remote and much less than the risks to maternal health arising during pregnancy and confinement. It is therefore most encouraging to report that no maternal deaths occurred in Edinburgh during 1969, and in this context to quote Sir Derrick Dunlop, Chairman of the Committee on Safety of Drugs until 1969: "Of course we must not denigrate efforts to produce better and safer contraceptive preparations. Nevertheless, it should be emphasised that for every death due to the use of 'the pill'—which does so much good—there are well over a thousand resulting from



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smoking cigarettes which does no good whatever. Yet, is the publicity given to deaths from cigarettes a thousand times greater than that devoted to deaths from contraceptives? It certainly isn't. Prohibitions are usually undesirable if they can be avoided but if anything is to be banned it should surely be the cigarette and not 'the pill'."

### (b) Sex Education

No fewer than 654 of the registered live births were illegitimate. This is equivalent to 9.5% of the total live births and is the highest rate in the city since 1945 when it was 9.8%. Again this is part of a modern trend and it seems unlikely that the permissive clock will be set back now that people of all ages are experiencing greater freedom. What can be done is to try to prevent the ill effects by providing adequate education, bearing in mind the words of Pope:

"A little learning is a dang'rous thing  
Drink deep, or taste not the Pierian spring"

Sex education films and filmstrips have been produced to try to eliminate the ignorance about reproduction and human relationships which has been responsible not only for illegitimate births but also for venereal disease. The attempts by Grampian Television and the B.B.C. may not be perfect but they are better than nothing, especially when properly used by teachers not as isolated sex lessons but as part of a planned programme of instruction in health and social development. It would seem best to regard this matter as a normal part of a child's education and leave it to head teachers advised by school doctors and health visitors and in consultation with parents. Everyone would agree that parents are the ideal people to undertake education in sex matters but often they don't have the knowledge or the words. It is suggested that whenever parents do not wish their children to have the benefit of this kind of preparation for life they should be offered the opportunity to see the programmes for themselves. This was in fact a most successful topic of health education for many young mothers' groups during last session.

### (c) Cancer

Over the last 20 years a marked rise in the cancer death rate has contrasted with declining death rates for pulmonary tuberculosis and epidemic disease. This is due entirely to lung cancer—the grim reaper which cuts down cigarette smokers, many in the prime of life. Among the principal causes of death in Edinburgh during the year 1969, 381 out of a total of 1,325 deaths from malignant disease were due to lung cancer. These were unnecessary deaths which could so easily have been prevented by avoiding cigarette smoking.

Mention has already been made in a quotation from Sir Derrick Dunlop of the inadequate publicity given to deaths from cigarettes. The lack of support from our national press, television and radio is all the more reprehensible when they would so readily consider it a national duty to give every assistance with an outbreak involving one or two cases of smallpox or typhoid fever. Why then do they not co-operate in controlling this epidemic of cigarette smoking which is killing tens of thousands every year? By playing down this grave hazard to human life the communications media may be guilty of a greater crime against humanity than anything which happened on the Burma Railway in the Second World War. Yet it ought to be within the power of press and television to save the lives of countless men and women by mounting a rescue operation designed to make cigarette smoking appear as an objectionable,

anti-social habit. In so doing they would be assured of full collaboration and support from the medical profession in the interest of the nation's health.

Much concern has been expressed in European Conservation Year about pollution of the environment—smoke and exhaust fumes in the air, sewage in our estuaries—and yet self-poisoning of human lungs is more dangerous to our citizens than sewage on the beaches which may appear unpleasant but doesn't kill as do cigarettes. It has been estimated that every seventh child who starts smoking cigarettes today will die of a disease caused by this habit; 7,000 hospital beds in Britain are occupied daily by diseases caused by cigarettes. Failing national action to control this epidemic of self-induced disease might I suggest that the financial burden on the National Health Service, the cost of treating these diseases, ought to be charged against the tobacco industry. Moreover, instead of free gift coupons with packets of cigarettes it would be of vastly greater benefit to smokers if they could collect vouchers entitling them to a free chest X-ray every six months. Cigarette packets should of course carry the legend "Cigarettes cause Cancer, Bronchitis and Heart Disease".

#### (d) "Health Insurance" for Women

For women over the age of 25 years a regular check by means of the cervical cytology "health insurance" test is a wise precaution for the recognition of cancer of the cervix at the very earliest stage, long before any symptoms of ill-health become apparent. This quick simple check should be repeated every three years but last year, although facilities were provided by family doctors, hospitals and the Family Planning Association, the number of women actually examined was only a small proportion of those at risk. Husbands who care about their wives are urged to ensure that she makes an early appointment with her doctor or at a clinic and spares a few minutes to safeguard her health. Appointments can be made through the Health Department for clinics which are held in the Royal Infirmary on Mondays and in the Western General Hospital on Thursdays, the latter being open from 6.25 p.m.

#### Influenza Epidemic

Towards the end of 1969 most parts of Britain were affected by an epidemic of influenza of a relatively mild type. All the virology laboratory reports during December showed the infection to be due to the influenza virus A2 Hong Kong. In Edinburgh the disease occurred mainly amongst adults over the age of 45 years with relatively few cases in school children.

A very interesting report from a group medical practice on the work of their team of attached health visitors and nurses during the epidemic showed that health visitors made a special contribution with families and old people. In this practice during a six-week period the nursing staff undertook over 3,000 additional patient/nurse contacts, thus sparing the general practitioners themselves for follow-up home visits to those seriously ill. It was thought that the patients gained considerably from the work of the nursing staff and it is remarkable that there were only three hospital admissions from a practice population of over 20,000.

In marked contrast in other areas of the city the district nursing sisters found very ill patients in poor conditions with little help, and with doctor and nurse working separately from each other it was difficult to co-ordinate assistance, and hospital admission was often necessary where with better support it could have been avoided.

It was thus evident that in an epidemic situation a community medical and nursing team working together was able to cope more effectively than doctors and nurses working separately. The community team not only provided a better service for patients but also spared hospital beds for those who were acutely ill and in need of hospital treatment—thus making an invaluable contribution to the whole health service.

### **Maternal and Child Health**

The need for a local authority domiciliary midwifery service has steadily diminished in recent years as the hospital building programme coupled with obstetric advances permitting earlier discharge from hospital has enabled an increasing number of mothers to be confined in hospital. In view of the close co-operation between Dr. H. P. Tait, Principal Medical Officer for Child Health, and the non-medical supervisor of midwives during the years when ante-natal care and domiciliary midwifery were vital functions of the Health Department, it is most appropriate that he should pay tribute in this section of the report to Miss C. A. Matheson on her retirement, for which she has the good wishes of us all.

Towards the end of the year also our good wishes were extended to Miss M. M. McCammon who had been Assistant Supervisor of Nurseries since 1949 and who has now accepted a nursery nurse teaching appointment in the Stevenson College of Further Education. One of her last major tasks was the equipping and staffing of the new purpose-built day nursery at Greendykes which was opened at the beginning of 1969 with places for 110 children, together with an associated child health centre.

It was 60 years ago in 1909 that a School Medical Service was introduced in Scotland although, as Dr. Tait reminds us, the Edinburgh scheme had started two years earlier. After being accommodated in the offices of the Education Department since that time the opportunity was taken during 1969 to unite the School Health and Child Welfare services within the Health Department and create a fully integrated Child Health Service. An immediate advantage of this arrangement was to allow school doctors and health visitors ready access to information accumulated about children on the "at risk" and "handicapped" registers, so that appropriate education could be arranged for the children at the optimum period in their lives. It is known that for children handicapped by a hearing deficiency and probably also for other forms of handicap the optimum period when training should be started is quite early in life, hence the importance of early medical ascertainment followed by educational assessment by an expert team. The increased survival rate for children with spina bifida has created new educational problems which necessitate close co-operation between medical and educational services in the pre-school years. Before a decision can be reached about choice of school, consideration must be given not only to the physical, emotional and intellectual ability of the child but also to the social circumstances and the parents' desires. While it is best for a child to remain at home and attend a nearby school the child's ability to climb stairs must be considered and teachers ought not to be expected to cope with an incontinent child.

### **Dirty Heads**

Where so much has been achieved over the years by doctors and health visitors in the interests of children's health despite restricted financial allocations it is disturbing to report that in the Education field there has been a failure in many schools to provide the necessary education for health. The



result of this absence of educational interest during the past twenty years is reflected in the parental apathy which tolerates lack of cleanliness and infestation with lice to the appalling extent shown in the Table on page 19.

Lousy heads are not a medical problem since the treatment is simple and straightforward, but repeated infestation which occurs in some families is an educational responsibility to which too many schools have not yet faced up. The children of today quickly become the parents of tomorrow with attitudes and behaviour governed by their school experience, and so long as teachers accept no responsibility for dirt and lice which they regard as an infection within the field of work of the health visitor, then this kind of infestation will continue in our schools. Our health visitors are wasting their time referring the same children for repeated cleansing while nothing is done to teach children bodily cleanliness and elementary hygiene. It is well over thirty years since the necessity for education for health was first urged on schools in Scotland by the Cathcart Committee; perhaps because it does not cost money it has come very low in the list of priorities and nits are the appropriate reward!

## Dental Health

Another priority of school children which tends to be overlooked in the educational system is the inspection and care of their teeth because it is not always understood by educationists that the School Dental Service is provided by the Education Authority under the terms of the Education Act. It is not provided as part of the National Health Service. In Edinburgh, despite the millions expended on capital education projects in recent years, it has not yet been possible for the Education Department to find a replacement for the central school dental clinic whose premises at Lauriston Place are due to be demolished in the Spring of 1971. The only suitable building available in the right place for a dental centre to serve the area is the annexe of James Gillespie's School which could be adapted at a reasonable cost into a centre which would be a credit to the city. It seems likely, however, that instead very second-rate premises at Duncan Street will be offered for conversion at a considerable expense. Thus because of other educational priorities the opportunity will be missed to provide the city of Edinburgh with a school dental centre worthy of the name.

On page 26 of this report Mr J. W. Craig, Chief Dental Officer, describes three important developments which together will constitute a major advance towards the objective of positive dental health. Until such time as the South-Eastern Regional Water Board accede to the request by Edinburgh Corporation for fluoridation of the public water supply, which is the most effective single measure known for the prevention of dental caries, the city will be dependent for the maintenance of children's dental health on Mr Craig's five dental health teams. These teams are now geared to make full use of auxiliary personnel, to evaluate their programme by computer charting, and to extend fluoride mouth-rinsing as the staffing situation permits.

A quotation from an editorial in *Modern Medicine*, April 1970, by Sir Derrick Dunlop, until recently Chairman of the United Kingdom Committee on the Safety of Drugs and formerly Professor of Therapeutic Medicine at Edinburgh University, is highly relevant to the subject of Dental Health: "Municipal authorities and large numbers of enthusiastic lay people have recently devoted much of their energy and time to opposing the addition of a trace of fluoride to their local water supplies. The quantity proposed of added fluoride is just sufficient to bring its concentration up to 1 part per million, which is the natural existing content of many waters of the world. Traces of

fluoride added to water would seem to be an entirely innocuous and effective procedure in the prevention of dental caries in children, in the same way as the addition of a trace of iodide to the table salt of Switzerland has done much to eliminate endemic goitre in that country, and the spraying of trace elements lacking in the soil of South Western Australia has made the desert there to blossom like a rose. The antagonists to the procedure are mostly concerned with whether it is ethical to force prophylactic medication on the public without their individual approval. Would it not be better if such proselytising missionaries devoted their abounding zeal to methods of preventing the terrible and widespread man-made pollutions of the air, soil, rivers and seas which are occurring nowadays with such devastating potential consequences rather than to this innocent prophylactic replacement measure?"

It gives me very great pleasure indeed to congratulate our Chief Dental Officer, Mr J. W. Craig, and Mr J. A. Hargreaves on the publication of their textbook *The Management of Traumatised Anterior Teeth of Children*. As the Medical Press commented: "Only real experts like these authors can put their knowledge into simple language which the average student and dental surgeon will read without mental strain after a busy day in the surgery." Edinburgh is fortunate indeed to have dental officers of such outstanding calibre.

### Nursing Services

At the end of the year ten health visitors were fully attached to eight group medical practices, whilst 21 district nursing sisters were similarly working with 52 doctors in group practices. Unfortunately we have had to proceed much more slowly than we would wish owing to the difficulty of obtaining additional finance in the annual budget for the provision of cars for nurses and health visitors. So vital is nurse attachment to enable our community nursing team to participate in the delivery of medical care by doctors in group practice that it is galling to have progress retarded by lack of money, which has not been in short supply for education or for other health service purposes like transplantation procedures of proven uselessness.

A scheme for early discharge of surgical patients following an operation in the Northern group of hospitals was arranged by Miss Maclean, Superintendent of the Queen's Institute of District Nursing with the Group Hospital Medical Superintendent, Dr. Donald. This arrangement has enabled the district nurse and the patient's own doctor to ensure the continuation of any necessary treatment, dressings and nursing care at home, and it has proved invaluable not only to the patient but also to the hospital bed situation. Nevertheless it is surprising how slowly an obvious advance like this has made headway elsewhere against hospital tradition and medical ignorance of the capabilities of district nurses.

After years of struggling along in second-rate accommodation with a depleted staff, Miss Fraser and her colleagues of the Health Visitor Training School have had a most successful year at Springwell House, not only benefitting from the excellent accommodation but also from having a full establishment of three tutors. In addition to the Edinburgh course for the Health Visitor Certificate a two-week fieldwork instructor's course was organised, the first conducted by a health visitor training school in Scotland, whilst a further 360 student nurses received the theoretical part of their wider basic nurse training in public health.



## Health Education and Research

One of our most successful exhibitions was mounted during the year at the Health Education Centre in Castle Terrace. In a straightforward factual manner, avoiding exaggeration or emotionalism, the dependency diseases of modern civilisation were illustrated and their dangers to health placed in proportion. The diseases and ill effects caused by the various drugs—cigarettes, alcohol and what are called the hard and soft drugs—aroused considerable interest and many enquiries were received.

It has been suggested that the public outcry against teenage abuse of drugs so widely publicised by the mass media may be a deliberate attempt by vested interests to distract attention from the much more real dangers of cigarette smoking and alcoholism. Certainly teenage drug-takers in Scotland do not constitute a major problem, the number being quite insignificant in comparison with thousands of alcoholics and the hundreds of thousands who cannot face life without the support of cigarettes. It is not the teenage group which deserves public disapproval but the cigarette-smoking fathers and mothers who have so failed in their responsibility as parents as to be incapable of setting a good example in the interests of their children's health. Moreover, it is this same middle-aged group of the population which is the major consumer of sleeping tablets, sedatives and tranquillisers. What kind of example is this to set before youth?

Alcoholism is a disease which although it affects certain unfortunate people who drink is quite different from drunkenness due to excessive drinking. Next to heart disease and cancer, alcoholism is the third major health hazard in Britain today. In Scotland it has been estimated by the National Council on Alcoholism that there are 90,000 alcoholics. This disease raises a most difficult problem of health education because without wanting to be accused of a killjoy attitude, it is necessary to impress the public with the danger to some people of excessive consumption of alcohol. Furthermore the available helping agencies cannot be too widely publicised so that alcoholics themselves and members of their families know where to turn for advice and help. Family doctors nowadays are more and more accustomed to coping with all kinds of human weaknesses in complete confidence, and in Edinburgh can put patients in touch with the modern treatment facilities at the Royal Edinburgh Hospital. An Information Centre on Alcoholism at 27 Castle Street provides help and advice to relatives, friends and alcoholics themselves. The Mound Centre, organised by the Church of Scotland, also assists many alcoholics, and of course for anyone in trouble whether due to alcohol, drugs or any other cause, help is always readily available through the Telephone Samaritans.

Dr. L. M. Watson, who took over responsibility for health education and research as Senior Medical Officer during the year, herself undertook an interesting evaluation of a comprehensive programme of personal health in a residential unit of over 100 boys. The initial analysis of the boys' knowledge of general physical and mental health, sociology, family life and modern health hazards showed a considerable degree of ignorance which it was hoped the programme would remedy, whilst the complete evaluation should provide guidance for similar programmes in schools and establishments of further education. Reference has already been made to the obvious need for education of this kind which has been emphasised during the year by the amount of infestation discovered by health visitors and nurse inspectresses in their examinations of school children for cleanliness.

The Scottish Council for Health Education in the exercise of their new powers under an amended constitution have decided to create an award—

The Diploma of the Scottish Council for Health Education—to be conferred in recognition of outstanding contributions to the development and progress of health education. Nine persons are nominated in the first list of those to whom the Diploma is to be conferred and we are very pleased to congratulate Dr. Leila M. Watson as one of the recipients. This is a well-earned award, clearly recognising Dr. Watson's numerous contributions to health education and the evaluation of its methods and techniques.

### THE FUTURE OF ENVIRONMENTAL HEALTH

"And whether it will heave us up to land,  
Or whether it will roll us out to sea,  
Back out to sea, to the deep waves of death,  
We know not"

Although it might be thought that the responsibilities of the Health Department have been reduced because of the diminishing incidence of the major communicable diseases, it must be emphasised that the high level of disease control achieved in this country is only maintained by constant vigilance and considerable effort on the part of our preventive services. In the course of a mere 100 years Britain has achieved control of infectious disease to an extent never before known in the history of mankind but the plagues and pestilences of the past have not been eliminated and in fact still flare up fiercely in primitive community living conditions in less fortunate parts of the world. In terms of distance we are constantly on the brink of disaster as the epidemic diseases which have ravaged all parts of the world for centuries are held back from our shores only by the alertness and maintenance of high environmental and international health standards.

Since the communicable diseases spread from person to person throughout a community their control has traditionally been the responsibility of each local community, initially by travel restrictions and quarantine measures, but in recent years by more sophisticated techniques including protective inoculation. They are still essentially a community problem so that the control of tuberculosis, the venereal diseases, brucellosis and the commoner infectious diseases is only as effective as the local authority decides is necessary, and this applies also to the more dangerous typhoid and smallpox infections whose control is likewise just as good as the community through its local authority cares to make it.

It should not be necessary to explain to doctors that control of a disease is not achieved simply by treatment, but this is not always clearly understood by administrative staff in the hospital service, many of whom believe that the sole function of the Health Service is the treatment and cure of patients who seek medical attention. For smallpox, typhoid and most infections treatment and cure is useless without the accompanying detection and sealing off of the source of infection and the protection of those exposed to risk. In tuberculosis and venereal disease, for example, contact tracing is essential to control the spread of infection in the community and in fact venereal disease clinics which place great emphasis on contact tracing, show a markedly lower incidence of syphilis and gonorrhoea than clinics which only treat the disease without active contact tracing. The control of infectious hepatitis involves exactly the same process despite the complication of its exceedingly long incubation period, and in serum hepatitis its mode of spread.

As never before in history every community nowadays is virtually in close physical contact with every other community. There is considerable inward

and outward movement not only of people with air transport providing contact with reservoirs of disease in other parts of the world, but also of large-scale distribution of foodstuffs multiplying the risks of infection to greater numbers. As an example mention may be made of salmonella infection in a chicken-breeding centre eventually affecting scores of people who consumed cold, spit-roasted chickens.

In the absence of the epidemics of typhoid fever, diphtheria, poliomyelitis, etc., which compelled the deployment of numbers of medical, nursing and sanitary staff, the local authority resources for the control of communicable disease have tended to dwindle. One can foresee a very real danger of lack of support from legislators, administrators and financial experts who may not appreciate the need for a service to control smallpox and typhoid when these diseases are not occurring, nor may they realise that medical and sanitary staff with the necessary expertise cannot be created at a moment's notice when an emergency occurs. If, as is anticipated in the reorganisation of the health service and local government, the medical officer of health becomes a specialist in community medicine employed by an area health authority, it will be essential for at least one community physician in an area to be responsible for the control of communicable disease and to provide medical advice and guidance to the local authority environmental health team.

For the proposed integration of the health services a new kind of doctor is visualised in community medicine, not only partly concerned with the present functions of the medical officer of health and partly with hospital medical administration, but also with new functions involving the monitoring of the health needs of his community and the evaluation of the medical services provided to meet these needs. As a corollary to this new community physician perhaps local authorities should be thinking about a new kind of sanitary inspector—public health inspector or environmental health officer—who, with better training and higher qualifications than the present sanitary inspector, perhaps a university qualification, may become a director of an environmental health and community protection department of the local authority.

There is much to concern a local authority environmental health department in a recent warning from the United Nations General Assembly of the urgent need for international action to combat the dangers of air and water pollution, radio-active waste, noise, and the abuse of modern technology which might jeopardise human existence on earth. That this is not an unduly alarmist warning is evident when we consider the effects of, for example, the uncontrolled release of radio-active elements into the atmosphere which may occur in nuclear tests, or the chronic bronchitis caused by smoke and sulphur dioxide in the air of our cities, or the potential for ill of pollution of water supplies, even at the other end of the world as witness the Aberdeen typhoid epidemic some years ago due to the cooling of cans of corned beef in contaminated water.

The purity and safety of food is a major concern of our environmental public health services together with clean air, slum clearance, health provisions in offices, shops and factories, noise, port health, nuisances, pest control, etc. Safety of food for human consumption involves our medical staff, the Chief Veterinary Officer and his food inspectors, the sanitary inspectors and the City Analyst. Nowadays the food trade is vitally concerned not only with shelf life and preventing the growth of germs which cause spoilage, but also with the appearance of food, particularly after processing. For these purposes there is added to foodstuffs a variety of chemicals to prevent mould, as preservatives,



as colouring agents, as anti-oxidants, etc., and their control demands constant sampling and analysis. In the prevention of food-borne infections constant vigilance is required of imported foodstuffs, particularly those which have been responsible for food infections in the past such as liquid and frozen egg, desiccated coconut, and canned foods. Every year some 500 tons of food-stuffs of all kinds are condemned by Mr Norval and his inspectors at the Port of Leith, at Gorgie Abattoir, at the fish markets and in retail shops. Salmonella infections are particularly widespread in the animal world, in cattle, poultry and even in pet turtles, so that veterinary officers as experts in this field and as advisers on animal diseases, are closely involved.

Undoubtedly in whatever form reorganisation of local government develops there will always be a place for the expertise of veterinary officers and public health inspectors within a local government department of major importance. In this connection mention is made in the Green Paper on the Administrative Reorganisation of the Scottish Health Services of the need for co-operation between area health authorities and local authorities: "Another obvious example of the need for co-operation between the area health authorities and the local authorities arises from the responsibility of local authorities for the control of food standards and food hygiene under the Food and Drugs (Scotland) Acts. Other local authority functions with health implications include clean air, the control of nuisances under the Public Health (Scotland) Act 1897, the closing or demolition of insanitary houses, rodent and insect control and duties under the Shops Acts, Factories Acts and other Acts."

The sanitary inspector has a particularly important place in the community as the protector of the public from dangers to health. He is recognised by local councils and the public alike as the guardian of health against the threat of disease, and it is vitally important to attract and retain a high calibre of inspector such as we have in Edinburgh, supported in future by the medical and bacteriological expertise of the area health authority which will itself be vitally concerned with the control of infection in the community.

## COMMUNITY MEDICINE

"And no search will make us know;  
Only the event will teach us in its hour"

Matthew Arnold

Very different health problems face Britain in 1970 compared with 1948 when the National Health Service was largely based on patterns of disease continued from the early part of the century. Throughout the last 70 years the continuing decline in the acute diseases, most marked in the infectious diseases and respiratory infections, has been accompanied by an increase in accidental injuries on the roads, at work and in the home, by the chronic degenerative diseases associated with ageing, by the survival of children with congenital handicaps and by more emotional and mental illness. Many of our medical facilities have yet to be redesigned to cope with acute episodes of chronic disease rather than the treatment of acute illnesses for which they were originally planned. Prevention of disease which must be given priority can no longer be achieved as in the past by legislation but rather by alterations in personal attitudes and behaviour, which requires education for health in

schools and in the community. Just as earlier diagnosis is needed for congenital handicap so also is screening of selected vulnerable groups of the population where high morbidity is suspected. For many who are chronically ill or disabled neither prevention nor cure is possible and joint efforts by the health and social services is necessary to raise the standard of care and so improve the quality of life. Co-ordination is also required between health, housing and social services in order to make adequate provision for the needs of the elderly. Much research is needed into the multiple factors involved in the causation of degenerative diseases. All these and others besides come readily to mind as immediate problems for community medicine.

The use of the term "community medicine" in the report of the Royal Commission on Medical Education gave rise to some criticism but in general it has been approved as preferable either to the older title of "public health" or to the alternative "population medicine". On the one hand "community medicine" embraces a wider field of activities than "public health", whilst "population medicine" carries the risk of ridicule as "pop" medicine. "Social medicine" might have proved an acceptable title had it not been for the recent struggle for power and recognition as a profession by our social work colleagues.

The essential tasks of community medicine involve an assessment of the needs of the community and the organisation of services to meet those needs and to ensure the provision of full supporting services for hospital specialists and family doctors to enable them to provide the best possible medical care for their patients. The report on primary medical care by the British Medical Association Planning Unit advocates the future development of primary medical care by a community team of doctor, nurse, health visitor, social worker, secretaries and receptionists based on a health centre. This is the setting for primary medical care in which the general practitioner might be described as the primary physician. In conjunction with that report there should also be studied a report on the present state and future needs of general practice by Drs. John Fry, Kuenssberg and McCormick, published by the Royal College of General Practitioners and which considers "the great need for critical analysis and evaluation of our work as an essential prerequisite for the best and most effective use of our resources". These resources include not only money but also manpower and womanpower.

A further document which is essential reading for everyone involved in the future structural and functional reorganisation of the Health Service is the Central Health Services Council report *The Functions of the District General Hospital*, which begins by discussing the essential function of the hospital component of a comprehensive health service for the population of a defined area; "to provide those medical, para-medical and nursing services which, either because of the specialised skills and equipment or because of the degree of care required, cannot economically be provided in the patient's own home or at the health/group practice centres in the community".

The importance for the future of these reports and the need for decisions on future priorities for the Health Service emphasise a comment by Sir George Godber, Chief Medical Officer, Department of Health and Social Security: "Medical services are too complex and costly to be left to random growth. What this country lacks and must provide is the community physician with powers and facilities to enable him to give his clinical colleagues the support in this matter they so generally require." The specialty of community medicine has therefore a vital part to play in the future development of the health services in Britain.

# ACKNOWLEDGEMENTS

"What is this life if, full of care,  
We have no time to stand and stare"

W. H. Davies

1969 was a notable year for farewells, some leaving us on retirement or on appointment elsewhere, and others to launch the new Social Work Department, taking with them the expertise acquired over the years in their own branch of health and social work. Where such numbers have departed it would be invidious to single out individuals especially when so many who remain also found themselves for a time hovering on the brink of the upheaval. To one and all, present and former members of staff, my most grateful thanks are due for their continued high standard of work undertaken so willingly and with such good humour, despite the inevitable feelings of insecurity associated with impending change.

Although it has become customary for me to mention Mr Valentine, our Administrative Officer, these words of thanks and appreciation should not be regarded as mere routine nor do they reflect my own views alone. His administrative colleagues of the Social Work Department were most grateful for much support and guidance during the early formative months of their new department, while as administrative head of our own departmental machine he not only carried responsibility for the transfer of staff, functions and budgeting but also found time to allay doubts and quell the fears of those who were transferred to different duties.

Throughout a year of change the department owed much to the understanding support of the Chairman and members of the Health Committee, and of the officials of other departments of the Corporation; it is a pleasure to acknowledge their interest and help. The Press too have contributed to our work in no small measure by their understanding presentation of our views.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,

J. L. GILLORAN, M.B., Ch.B., D.P.H.

Medical Officer of Health.

## Members of the Health Committee 1969-70

Councillor Mrs Nansi H. Mansbridge, *Chairman*  
 Councillor James S. Cook  
 Bailie Mrs Josephine M. Dickson  
 †Councillor Mrs Winifred E. Donaldson  
 Councillor George Drummond  
 Councillor Ronald R. Duff  
 Councillor George D. M. Galbraith  
 \*Councillor George Hedderwick  
 Councillor Mrs Phyllis Herriot  
 Councillor Robert W. Irvine  
 Councillor James B. Lerette  
 Bailie Mrs M. Robertson-Murray  
 Councillor Mrs Catherina T. Nealon  
 Councillor Duncan M. Pirie  
 Councillor Mrs Margaret B. A. Ross

\* Convener of Medical Health Services Sub-Committee.

† Convener of General Health Services Sub-Committee.

## Joint Committee on School Medical Service

### *From Health Committee*

Councillor Mrs Winifred E. Donaldson  
 Councillor George Hedderwick  
 Councillor Mrs Phyllis Herriot  
 Councillor Mrs Nansi H. Mansbridge  
 Councillor Mrs Catherina T. Nealon

### *From Education Committee*

Bailie Mrs Josephine M. Dickson  
 Councillor Duncan Drummond-Young  
 Councillor George D. M. Galbraith  
 Councillor Robert M. Knox  
 Councillor Magnus J. Williamson



## Principal Officials as at 31st December 1969

<i>Medical Officer of Health</i> .. .. .	Dr. J. L. Gilloran
<i>Senior Depute Medical Officer of Health</i> ..	Dr. I. F. Craik
<i>Depute Medical Officer of Health</i> .. ..	Dr. R. Short
<i>Principal Medical Officer for Child Health</i> ..	Dr. H. P. Tait
<i>Senior Medical Officer for Tuberculosis and Infectious Diseases</i> .. .. .	Dr. A. Jamieson
<i>Senior Medical Officer for Maternal and Child Welfare</i> .. .. .	Dr. M. S. B. Langton
<i>Senior Medical Officer for School Health Services</i>	Dr. J. C. Willison
<i>Senior Medical Officer for Health Education</i> ..	Dr. L. M. Watson
<i>Chief Sanitary Inspector</i> .. .. .	Mr I. Wintour
<i>Depute Chief Sanitary Inspector</i> .. .. .	Mr F. J. Allen
<i>City Analyst</i> .. .. .	Mr P. J. G. Holliday
<i>Depute City Analyst</i> .. .. .	Mr D. F. Withington
<i>Chief Veterinary Inspector</i> .. .. .	Mr J. Norval
<i>Assistant Veterinary Inspector</i> .. .. .	Mr W. T. Forrest
<i>Chief Dental Officer</i> .. .. .	Mr J. W. Craig
<i>Senior Dental Officers</i> .. .. .	Miss M. Miller
	Mr J. Allen
	Mr W. A. Wishart
<i>Chief Administrative Officer</i> .. .. .	Mr W. A. B. Valentine

## Number of Staff as at 31st December 1969 .. 1,452

‡Medical Officers .. .. 30	‡**Health Visitors .. .. 129
‡*Sanitary Inspectors .. .. 50	Midwives .. .. 6
Meat Inspectors .. .. 12	‡Nursing Staff .. .. 195
Welfare Assistants .. .. 4	Chiropodists .. .. 16
Dental Officers .. .. 21	Mental Health Services .. 30
†Dental Surgery Assistants .. 32	City Analyst's Staff .. .. 10
Oral Hygienists .. .. 3	‡Home Helps .. .. 658
‡Clinic Attendants .. .. 18	‡Domestic Staff .. .. 122
‡Administrative and Clerical 90	Disinfecting Staff, Motor Drivers and Other Staff .. 26

\* Includes 4 Smoke Inspectors  
3 Shops and Offices Inspectors  
8 Probationer Sanitary Inspectors  
2 Food Hygiene Officers  
1 Technical Assistant, Housing

\*\* Includes 7 Health Visitor Students

‡ Includes 8 Medical Officers, Part-time  
639 Home Helps, Part-time  
65 Domestic, Part-time  
16 Clinic Attendants, Part-time  
1 Technical Assistant, Part-time  
4 Nurses, Part-time  
18 Health Visitors, Part-time  
13 Clerical Assistants, Part-time

† Includes 5 Dental Auxiliaries



**EDINBURGH HEALTH DEPARTMENT  
CORPORATION OF EDINBURGH (Town Council)  
HEALTH COMMITTEE, and JOINT SUB-COMMITTEE FOR SCHOOL HEALTH SERVICE  
MEDICAL OFFICER OF HEALTH  
DEPUTE MEDICAL OFFICER OF HEALTH**

3

Community Medicine			Central Administration	Environmental Health & Community Protection			
Child Health	Community Care	Epidemiology and Preventive Medicine		Medical Aspects	Sanitary Services	Veterinary Services	City Analyst
Principal M.O. Senior M.Os. Medical Officers Health Visitors & Nurses Chief Dental Officer Dental Officers & Auxiliaries	Medical Officers Superintendent Health Visitor & Health Visitors Superintendent, Q.I.D.N. and Nursing Sisters Midwives Chiropodists	Senior M.Os. Medical Officers Health Visitors, etc.	Medical Officer of Health Depute Medical Officer of Health Admin. Officer Admin. Assistants	Senior Medical Officer & Medical Officers	Chief Sanitary Inspector Depute Chief Sanitary Inspector Specialist & Divisional Sanitary Inspectors & Sanitary Inspectors	Veterinary Inspector Assistant Veterinary Inspector Meat Inspectors	City Analyst Depute City Analyst & Staff
Home visiting of mothers and young children Child Health Centres. "At Risk" and handicapped registers Welfare foods Dental care of mothers and children Medical care in residential establishments for children— nurseries, play centres and remand homes Medical inspection of school children Ascertainment and supervision of handicapped pupils	Community Nursing and Health Visiting Domiciliary Midwifery Geriatrics Chiropody Nursing Homes Registration Licensing of Nursing Agencies Health Centres  <i>Health Visitor &amp; Nurse Training School</i> Tutorial staff at Springwell House	Illness prevention and Health promotion Health education in schools and in community Family Planning Accident prevention Population screening Epidemiological research Vaccination & Immunisation Communicable disease—Surveillance & Control Liaison with micro-biologic service Chronic disease—Surveillance & Control	Planning & Co-ordination of Services Management & Deployment of staff Data collection and operational research Health statistics Health centre planning and administration Control of expenditure, accounts, supplies, etc.	Infectious disease control International Health Regulations and Aliens Orders Housing priorities Environmental health Food hygiene and safety of food premises Radioactivity	Infectious disease and environmental health Food safety and hygiene Food and Drugs legislation Clean Air and Noise Abatement Offices, shops and factories legislation Housing and Slum Clearance Port Sanitation Pest Control	Inspection of meat and imported foods at abattoirs, docks and retail shops Inspection of dairy herds Control and prevention of notifiable diseases of animals Milk testing at farms	Examination of Food & Drugs, etc. Scientific adviser on community protection  <i>City Mortuary</i>  <i>Disinfection Centre &amp; Skin Clinic</i>

SECTION I

**VITAL STATISTICS**

## CITY OF EDINBURGH

## SUMMARY OF STATISTICS

For the Years 1929, 1939, 1949, 1959 and 1969

	1929	1939	1949	1959	1969
Population at Mid-Year ..	427,538	471,897	489,028	469,399	465,421
Area of City—Acres .. ..	32,526	32,526	33,183	33,705	33,705
Density of Population— Persons per acre .. ..	13.1	14.5	14.7	13.9	13.8
Inhabited Houses .. ..	107,704	128,167	139,384	152,304	158,594
Marriages Registered .. ..	3,955	5,498	4,276	4,212	4,487
Birth Rate .. ..	17.1	15.5	16.7	17.4	14.8
Death Rate .. ..	15.1	13.1	12.5	13.3	12.9
Infant Mortality Rate (per 1,000 Live Births) ..	80	59	32	24	22
Neonatal Mortality Rate (per 1,000 Live Births) ..	35	33	19	18	16
Stillbirth Rate (per 1,000 Total Births) ..	..	40	24	19	11
Maternal Mortality Rate (per 1,000 Total Births) ..	†7.0	5.0	0.2	0.1	—
Cancer Death Rate .. ..	1.8	1.9	2.1	2.5	2.9
Pulmonary Tuberculosis Death Rate .. ..	0.8	0.6	0.6	0.04	0.03
* Epidemic Diseases Death Rate	0.4	0.2	0.1	0.1	0.06

† Rate per 1,000 live births

\* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough  
Diphtheria, Cerebro-spinal Fever and Influenza.

## VITAL STATISTICS

**Population.**—The Registrar-General's estimate of the population of the City on 30th June 1969 was 465,421, a decrease of 1,043 compared with the previous year.

**Live Births.**—There were 8,030 live births registered in the City in 1969 and, after adjustments had been made for births transferable outwards and inwards, the net figure of live births for the City was 6,897 (3,541 males and 3,356 females). The birth rate was 14·8 per thousand of the population.

**Illegitimate Births.**—Of the 6,897 live births registered 659 or 9·6 per cent were illegitimate.

**Stillbirths.**—The number of stillbirths registered was 79, representing a stillbirth rate of 11 per thousand total (live and still) births.

**Deaths.**—There were 6,021 deaths (after adjustment for transfers out and in) of Edinburgh citizens during the year. The death rate was 12·9 per thousand of the estimated population.

In the tables on pages 94 and 95 the deaths are classified according to disease, sex and age groups and also the rates per 1,000 of the population.

**Infant Mortality.**—The number of deaths of infants under one year of age during 1969 was 153 (80 males and 73 females) giving an infant mortality rate of 22 per thousand live births. Of the 153 infant deaths 112 occurred before attaining the age of four weeks giving a neonatal mortality rate of 16 per thousand live births.

The table on page 96 shows the deaths of children under 5 years of age by age group and cause of death.

**Perinatal Mortality.**—There were 178 perinatal deaths, comprising 79 stillbirths and 99 infant deaths in the first week of life, giving a rate of 25·5 per thousand live and stillbirths.

**Maternal Mortality.**—No deaths were attributable to pregnancy or childbirth this year.

**Marriages.**—4,487 marriages were recorded during the year and the marriage rate (persons married per thousand of the population) was 9·6.

## SECTION II

### **MATERNAL AND CHILD HEALTH**

- (a)* Maternal and Pre-School Child Health
- (b)* School Medical Service
- (c)* Dental Services

## MATERNAL AND PRE-SCHOOL CHILD HEALTH

### Historical Note

It is always interesting, often salutary, invariably humbling, to look back and compare what was and now is. In the winter of 1909 an ambitious scheme to which the city's health department was a party, was launched having as its goal the foundation of a school for the training of social workers. Although the scheme never apparently achieved its goal, the germ of the modern social worker, particularly in the field of maternal and infant health and welfare had been sown. Its full fruition has been achieved this year by the formation of social work departments by local authorities, albeit with wider fields of activity.

In 1909 the first Infant Milk Depot in Edinburgh was opened by Dr. Elsie Inglis at The Hospice, 219 High Street. The depot issued pasteurised milk, from tuberculin-tested cows, in sealed bottles, sufficient for the feeds of artificially fed infants. The Corporation was enabled to avail itself of this depot under its scheme for maternal and child welfare under the Notification of Births Act, 1907. Leith, of course, was the first health authority in Scotland to open its own infant milk depot (April, 1903).

Fifty years ago a maternal and child welfare scheme as it was then called was in full operation but its energies were taxed to the utmost by the great influenza pandemic which reached its peak in Edinburgh during January–February, 1919. In one week alone during these frightful two months the general death rate for the city was 48·1 per 1,000. This high mortality was reflected in the infant mortality rate which jumped from 94 in 1918 to 117 in 1919. Epidemics of measles and whooping cough, following in the wake of the influenza exerted their toll of infant lives too.

It was also fifty years ago when the School Medical Service was officially launched in Scotland but Edinburgh had forestalled this by inaugurating such a service in 1907 (February). One of the persistent diseases which had to be combatted was ringworm and in 1912 a special school at 41 Lauriston Place was opened for infected children. Prior to this date children suffering from ringworm were excluded from school but no special attention was paid to them either as regards their education or the treatment and supervision of the disease. Some children had been absent for as long as four years as a result of ringworm. The school provided education while the children received treatment under strict supervision, the skin department of the Royal Infirmary being responsible for the treatment. Sir Norman Walker, the distinguished Edinburgh Dermatologist took a special interest in the school and its pupils. He affirmed that organised attention directed towards such a disease invariably, at first, seemed to increase the number of cases. What it does in fact, is to bring them to light; a level is reached, and then the numbers begin to decline. Such was the brief story of the special Ringworm School which closed its doors finally in 1941 with the conquest of the disease. Over 2,500 children passed through the school during its existence.

### Introduction

Mention has just been made in the historical note to a former activity of the school health service. During the year under review, the staff, medical



and administrative, of this service were transferred to the Public Health Chambers from the Education Department offices where it had been accommodated since its inception. This transfer of personnel was part of the proposed scheme of integration of the pre-school and school health services into one unified child health service. Progress towards unification is being made but it will obviously be some time before it can be complete. Drs. Margaret S. B. Langton and Jean C. Willison, senior medical officers of the respective sections of the service are responsible for the day to day administration with the principal medical officer in overall charge. The Chief Dental Officer remains responsible for the School Dental Service.

Responsibility for certain aspects of maternal care still remains with local health authorities, in particular, the provision of a domiciliary midwifery service. Domiciliary midwifery is, however, steadily diminishing, and changes in maternity services administration sooner or later are, therefore, inevitable. Consequently, this section of the report still makes reference to the domiciliary midwifery service, dental care of, and distribution of welfare foods to expectant and nursing mothers, and other public health aspects of maternity.

## I. MATERNAL HEALTH

### Retiral of Miss C. A. Matheson

Miss C. A. Matheson, non-medical supervisor of midwives since 1942 retired in June this year. When the Maternity Services (Scotland) Act, 1939, came into operation in the early years of World War II, Miss Matheson was appointed non-medical supervisor of midwives. The scheme operated under this Act was a very successful one from all points of view, consultant obstetricians, family doctors, domiciliary midwives and patients all deriving satisfaction from a pioneer co-ordinated maternity service. During the war years the trend towards institutional confinement, already apparent in the later 1930's was greatly accelerated and the introduction of the National Health Service in 1948 merely emphasised this trend. Miss Matheson regretted this change for she was a protagonist of domiciliary midwifery but under her guidance the domiciliary midwifery service of the Corporation achieved a high standard of efficiency. She takes with her the best wishes of her colleagues for a long and healthful retirement. We welcome Miss M. Maclean, already superintendent of the home nursing service, as the new non-medical supervisor of midwives and wish her well in her additional duties.

### (a) Care of Unmarried Mothers

In spite of an increased illegitimate birthrate, the number of young unmarried pregnant women admitted to the three voluntary mother and baby homes fell to 174 compared with 213 last year and 183 in 1967. The distribution of admissions to these three homes was as follows:—

Salvation Army Home for Mothers and Babies	..	67
Edinburgh Home for Mothers and Infants	..	64
Haig Ferguson Memorial Home	.. ..	43
		<hr/>
		174
		<hr/>

### **(b) Dental Care of Expectant and Nursing Mothers**

The demands made on the dental staff by the requirements of the school dental service continue to make the provision of routine examinations impracticable. On the other hand very adequate provision for the dental care of this group of the community is made by the general dental services throughout the city.

### **(c) Distribution of Welfare Foods to Expectant and Nursing Mothers**

There was evidence this year of an upward trend again in the uptake of vitamin A and D tablets issued to this group of beneficiaries. There were 9,168 packets issued compared with 8,480 last year.

### **(d) Puerperal Fever and Puerperal Pyrexia**

No cases of either condition were notified this year for the first time since notification was introduced (puerperal fever—1897; puerperal pyrexia—1926). That the two disorders are much less prevalent nowadays is undoubted and the lead given south of the border in omitting notification of the conditions (1968) might now be followed in Scotland.

### **(e) Maternal Deaths**

It is most satisfactory to report that no deaths attributable to pregnancy or childbirth occurred this year. It is only the second year in the City's health history since accurate records were kept that no such death occurred, the previous clear year was 1964.

## **II. INFANT AND PRE-SCHOOL CHILD HEALTH**

### **(a) Vital Statistics**

Details of these are presented on page 6.

### **(b) Notified Live and Still Births**

Notified births, both live and stillborn, numbered 10,252, of which 10,116 were liveborn and 136 stillborn. Of the total notified births, 416 of the liveborn and 1 of the stillborn infants were delivered at home.

The details are set out in the following table:—



I. Total number of births notified:—						
(i) Live:	Institutional	..	..	..	..	9,700
	Domiciliary ..	..	..	..	..	416
						10,116
(ii) Stillborn:	Institutional	..	..	..	..	135
	Domiciliary ..	..	..	..	..	1
						136
						10,252
II. Total number of births in I. occurring in institutions:—						
	Simpson Memorial Maternity Pavilion ..	..	..	..	..	4,837
	Elsie Inglis Memorial Maternity Hospital ..	..	..	..	..	2,015
	Eastern General Hospital ..	..	..	..	..	1,543
	Western General Hospital ..	..	..	..	..	1,430
	Registered Nursing Homes ..	..	..	..	..	10
						9,835
III. Total number of domiciliary births in I. classified to show nature of attendance at birth:—						
(a)	Doctor booked ..	..	..	..	..	412
(b)	Doctor not booked ..	..	..	..	..	2
(c)	Midwife alone (no doctor engaged) ..	..	..	..	..	—
(d)	Doctor alone (no midwife engaged) ..	..	..	..	..	1
(e)	Without doctor or midwife ..	..	..	..	..	2
						417
						10,252

### (c) Analyses of Registered Stillbirths, Infant and Pre-School Child Deaths

These are shown on the tables on pages 96 and 98. The infant mortality rate was 22 compared with last year's record low rate of 19. The stillbirth rate was 11·3, the lowest rate recorded since registration of stillbirths was introduced in 1939.

### (d) Ophthalmia Neonatorum

No cases of this infection of the newborn fall to be recorded this year for the second successive time.

### (e) Health Supervision

#### 1. Child Health Clinics

As at 31st December, 28 child health centres were in operation, 8 in purpose-built premises, 15 in adapted buildings and 5 were occupied on a sessional basis. The additional new purpose-built centre this year was at Greendykes which opened in January. In November the centre at 22 Royston Mains Crescent, Granton, opened in 1938, was closed and clinic activities on a sessional basis transferred to the local community centre.

The total number of attendances for child health purposes was 50,855 compared with 56,773 last year. Increased attachments of health visitors to group practices where child health sessions are held account for the lower number of attendances this year. In all, 9,906 children were brought to the centres, 5,219 for the first time. There were 294 children referred from the centres to their family doctors for further investigation and/or treatment.

## *2. Routine Screening for Phenylketonuria*

Of the 10,116 notified live births, 9,519 babies had the Guthrie screening test. Before the test could be carried out, 152 babies died, 416 were discharged to other areas, and 29 were transferred to other hospitals. No refusal of consent to perform the test was encountered. One suspect case of phenylketonuria was picked up towards the end of the year.

## *3. Ascertainment of Deafness in Pre-School Children*

Throughout the year 3,501 children were screened for deafness by the health visitors; of these 145 failed the test on the first occasion but only 30 failed a repeat test. These children were referred for further investigation along with 9 other children making a total of 39 referred for specialist opinion.

## *4. Dental Care of Pre-School Children*

The improvement in the service offered to pre-school children over the last two years has been largely maintained. Routine examination of 1,170 children attending day nurseries, toddlers' playcentres and nursery schools resulted in a 71·4% acceptance rate for treatment. However, nearly two-thirds of all pre-school children examined required treatment, a figure clearly illustrating the urgent need for early preventive measures.

### **(f) Vaccinations**

Continued shortage of measles vaccine supplies has hampered any large-scale attempt at vaccination against this disease.

Details of the vaccination rates among children for the various infections will be found on page 114.

### **(g) Day Nurseries**

During the year, the Health Committee and the newly appointed Social Work Committee mutually agreed to the transfer from the Health Committee to the new committee of the day nursery service. This will take place early in the new year. Thus, a long-standing activity of the Health Committee will be brought to a close. It was in 1918 that the Corporation and the Edinburgh Day Nurseries Association, a voluntary body, came to an agreement whereby the Corporation assumed control of and responsibility for administering the association's four day nurseries. Since then, of course, there were changes of premises but right up until the outbreak of World War II, the Health Committee was responsible for providing four day nurseries. During the war, under the Wartime Nursery Scheme, the Committee administered 27 wartime nurseries. After this scheme came to an end in 1946, the Committee continued 12 of these nurseries and when the change-over takes place, the Social Work Committee will assume control of the present 14 day nurseries with 825 approved places.

During the year the demands on the day nursery service continued to be heavy and first priority cases only were accommodated. The waiting lists continued to be long although in the Dean Terrace and Dumbiedykes Road areas pressure was lessened somewhat by reason of the demolition of surrounding old properties.

The new day nursery with accommodation for 110 children at Greendykes was opened in January. After the usual initial teething troubles with any new building and the increasing difficulty in recruiting staff for day nursery work, especially in the more outlying parts of the city, the new nursery settled down and the youngsters enjoyed the greater freedom of the available outdoor playspace.

The health of the children attending the day nurseries was remarkably good, an average overall daily attendance of 79% being achieved. This is a good record considering all the children are "under fives".

A serious problem, however, has been that of staffing. It is becoming increasingly difficult to recruit staff for the day nursery service, an all the year round service with no long holiday vacations. This is in contradistinction to conditions pertaining in nursery schools and classes with shorter hours in the day and long vacations. It has been to such schools and classes and to some extent hospitals and private nursery groups that we have lost so many staff.

#### **(h) Nursery Nurse Training Scheme**

Thirty-five nursery nurse students were presented for the examination for the Scottish Nursery Nurses' Examination Board's certificate and 31 were successful. It is significant in view of what is said above that none of the successful candidates sought employment in the day nursery service.

The hostel at 19 Chester Street continued as in the past to provide residential accommodation for nursery nurse students who hailed from more distant areas.

#### **(i) Private Nurseries and Child-Minders**

As at 31st December, 42 day nurseries and 99 child-minders were registered under the Nurseries and Child-Minders Regulation Act, 1948, as amended by the Health Services and Public Health Act, 1968. The nurseries provided places for 1,094 children and the child-minders for 1,082, a total of 2,176 children, *i.e.* 5.5% of the estimated pre-school population of the city. Each nursery and child-minder received regular visits during the year from the staff of the department. This aspect of the nursery service was specifically mentioned in the Social Work (Scotland) Act, 1968, as being a responsibility of the new Social Work Committee and the registration and general supervision of the nurseries and child-minders are already assumed by that Committee.

These remarks concerning the day nursery service and the registration of private nurseries and child-minders would not be complete without reference to Miss M. M. McCammon, Assistant Supervisor of Nurseries, who left the department in September to take up a nursery nurse teaching appointment in Dean College and after it closed, in the Stevenson College of Further Education. Miss McCammon joined the nursery staff during the war-time nursery

scheme serving first as a matron and then joining the administrative nursery staff as assistant supervisor in 1949. Her quiet, unassuming manner endeared her to children and staff alike and she bore a considerable responsibility in the earlier days of the nurseries and Child-Minders Regulation Act in ensuring satisfactory conditions for and competent care of the children when standards were being set. We wish her well in her new sphere of activity.

### **(j) Toddlers' Playcentres**

The Edinburgh Toddlers' Playcentre Association continued its activities throughout the year in providing part-time day care for 3—5 year olds. As at 31st December, 36 playcentres were in operation. Three new centres were opened during the year, at the Royal Hospital for Sick Children (April), New Kirkgate, Leith (September) and St. Aidan's (September). Two centres had to be shut down for different reasons. These were Saughton Mains (May) and Stockbridge No. 1 (June).

### **(k) Welfare Foods Distribution**

The issues of welfare food at over 40 sessions per week in 32 centres continued to show similar trends as in recent years. Issues of national dried milk, both full and half cream varieties, were down by over 12,000 packages compared with last year, cod liver oil compound was only slightly down, but issues of concentrated orange juice rocketed up by over 21,000 bottles over the previous year. Sales of vitamin A and D tablets for expectant and nursing mothers were slightly greater than last year.

Unfortunately the centres in the districts where the vitamin products are probably most needed are those where the issues are lowest. Much still needs to be done in health education to persuade families to invest in these essential health-promoting products.

### **(l) Family Planning**

The family planning facilities offered by the Health Committee through its arrangements with the Edinburgh Branch of the Family Planning Association were increased by the opening of three further clinics, all in March, at Clermiston, Gilmerton and West Pilton respectively. Otherwise, arrangements continued as in previous years.

## **SCHOOL HEALTH SERVICE**

### **THE HEALTH OF THE SCHOOL CHILD**

A step in the direction of integration took place in May 1969 when the school health service staff moved from accommodation in the Education Department to the Health Department. This does not mean that consultation and collaboration with the Education Department are seen to be less important or have suffered in any way. These links are sufficiently well established to withstand minor physical separation of the two services.

#### **Computer Analysis of 5 and 13 year old Medical Examinations**

Since the last report a wealth of statistical data has been received from the Scottish Home and Health Department.

Suffice it to say that a study of the very detailed analysis of the medical officers findings reveals no disquieting features. 21% of children examined at the school entry and leaving stages were found to require further observation, treatment or investigation. See table on page 18.

#### **Health Education**

Close collaboration continued between the school health service and the Education Department in the formulation and development of schemes for health and social education in schools.

#### **Cleanliness among School Children**

It is a matter of concern that with improved standards of living and effective parasitocides readily available, the incidence of head infestation, whilst small compared to earlier years, shows no tendency to decline over recent years. Pupil screening by nursing staff revealed an incidence of 18% infestation in the current year.

## **HANDICAPPED CHILDREN**

#### **The Child with Hearing Defect**

It is encouraging to report that the assessment panel, whose formation was reported last year, has developed on a wide interdisciplinary basis and is receiving requests for screening from the South East region as well as within the City.



### Summary of Cases considered by the Assessment Panel for Hearing Defect

Number of meetings of the Panel	..	..	..	..	..	6
Number of new cases	..	..	..	..	..	97
Number of reviews	..	..	..	..	..	52
Supervision by peripatetic teacher of the deaf	..	..	..	..	..	36
Admission to St. Giles' School recommended	..	..	..	..	..	30
Admission to Donaldson's School recommended	..	..	..	..	..	2
Other forms of remedial teaching recommended	..	..	..	..	..	3
For further investigation	..	..	..	..	..	40
For further observation	..	..	..	..	..	35
Transfer from special education for hearing defect to normal school	..	..	..	..	..	1
Transfer from special education for hearing defect to other special school	..	..	..	..	..	1
Number of cases closed	..	..	..	..	..	5

### The Child with Visual Handicap

The report of the Working Party on the Ascertainment of Children with Visual Handicaps was received with interest. Its main recommendation is that the Education Authorities of Edinburgh and Glasgow should set up ascertainment teams, to serve between them the whole of Scotland. Pending formal approval by the Secretary of State of the report, this recommendation is being studied. Without the formal designation of an ascertainment team, children under consideration for special education as visually handicapped, are being assessed by most, if not all of, the experts recommended by the Working Party as permanent members of the assessment team.

### Participation in National Surveys

During the summer of 1969 the department agreed to participate in a further follow-up of the 1958 cohort of children being studied by the National Bureau for Co-operation in Child Care and its co-sponsors under the title "National Child Development Study". One hundred and fifteen (115) parents agreed to participate in the follow-up study.

There was a wastage of 18 children from the cohort, due either to change of residence or non-co-operation.

### Service in Central Department Working Parties

In the summer of 1968 the Senior School Medical Officer was invited by the Secretary of State to serve as a member of a working party being set up to review the place of physical education in the secondary school.

## GENERAL STATISTICS

Population of the area . . . . . 465,421

Number of schools (under the management of the Education Committee) and number of children on the registers—

	<i>No. of Schools</i>	<i>No. of Children</i>
(a) Nursery . . . . .	16	1,201
Nursery Classes . . . . .	26	1,430
(b) Primary . . . . .	90	44,132
(c) Secondary . . . . .	25	21,778
* (d) (i) Special Schools . . . . .	17	937
(ii) Adjustment Groups . . . . .	2	53

\* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children, Gogarburn Institution for Mental Defectives and Forteviot House.

Average number of children in attendance . . . . .	61,399
Average number of children in hospital classes . . . . .	208
Number of children taught at home by visiting teachers . . . . .	29
Number of children taught in hospital by visiting teachers . . . . .	38

During the year under review, the total school population has again increased by just over 1,300 and school accommodation has increased by 3, Primary Schools and 8 Nursery Schools or Classes. The demand for Nursery School provision continues to be high and the Education Committee's 42 Nursery Schools and Classes have substantial waiting lists. Priority admission is given wherever possible in case of medical need.

## TOILET ACCOMMODATION IN SCHOOLS

School	Toilets				Hand-washing facilities in outdoor toilets		
	Indoor	Outdoor	Covered	Uncovered	Hot	Cold	None
Nursery . .	16	—	—	—	—	—	—
Primary . .	75	15	15	—	4	3	8
Secondary . .	23	15	14	1	1	2	12
Special . .	11	3	3	—	2	—	1
Total . .	125	33	32	1	7	5	21

Since the last report, 18 schools previously served by outdoor toilets now have indoor toilets.

## HEALTH SUPERVISION OF THE SCHOOL CHILD

Medical Officers carried out assessments on the following basis:—

1. Children of selected age groups.
2. Selected children of any age, selection being by the Medical Officers themselves, or by referral from educational staff or parents.

Selected age groups remained unchanged at school entry and thirteen years comprehensively, and on a selective basis at nine years.

It will be noted from the table on page 99 that parent attendance pattern remains very satisfactory at the school entrant stage. A fuller analysis will also be seen of the type of action considered necessary by Medical Officers. 21% of children were assessed to require some form of referral, the largest group (11%) being selected for continuing supervision in school.

These figures (21%) make interesting comparison with the figures for total incidence of defect found (50%) by computer analysis.

This would seem to suggest that a large number of conditions have already been recognised and are receiving treatment where this is appropriate.

A numerical analysis of all other selected and special medical examinations is given below.

Medical Officer selection, and teacher/parent/H.V. referral ..	7,402
Employment of School children over 13 years .. ..	984
Prior to attendance at Outdoor Centre .. .. .	565
Vocational Guidance to School Leavers .. .. .	1,129
Pre-apprentices Courses (Building, Engineering, Nursing, Catering) .. .. .	377
Re-examination of Home Taught Children .. .. .	48
	<hr/>
	10,505

## OTHER SCREENING PROCEDURES

### Vision Screening

At school entry and at 13 years this is part of the assessment of the whole child, additional intermediate visual assessments were also carried out at the 7 years and 9 years by health visitors and school nurses. The incidence of previously unrecognised vision defect in 9 year old children was approximately 5% in both boys and girls. Referral for full refraction was initiated where required.

### Audiometric Screening

The audiometric service continues to be based on St. Giles' School for the Hard of Hearing and the Headmaster has provided details of the session's work on page 103. It is worth noting that the numbers of children screened routinely in the primary school, and non-routinely on special request at all ages, again show an increase. The incidence of defect found at all age groups and at all grades of severity remains constant at 6% of the total school population.



Audiometry was followed by school medical officer screening of hearing defective children and referral to consultant otologist was made as required.

Selected children with more severe hearing defect or significant educational difficulty, were referred to the full hearing assessment panel for multi-disciplinary recommendation on their educational needs.

### Screening for General Health and Cleanliness by Health Visitors/School Nurses

Periodic inspection of pupils by classes continues to be an important duty of the nursing staff in schools, this contact with pupils and teachers having health education potential as well as its screening function.

During the session 43,655 pupils were screened, an increase of 10,568 from last session.

### Cleanliness

The work of the health visitors and school nurses is reinforced by the nurse inspectresses, an analysis of their work is shown below.

	Total No. of Pupils Inspected		Total No. of Pupils found to have vermin		Total No. of Pupils found to have nits	
	1967-68	1968-69	1967-68	1968-69	1967-68	1968-69
Health Visitors . . . .	53,539	38,532	1,184 (2.2%)	903 (2.3%)	6,541 (12.2%)	6,258 (16.2%)
Nurse Inspectresses . .	44,339	40,551	946 (2.1%)	1,085 (2.7%)	7,039 (15.9%)	6,661 (16.4%)

During the session the health visitors paid 1,287 home visits in respect of 2,061 children.

### SPECIALISTS CLINICS

The South Eastern Regional Hospital Board continues to provide the services of consultants in otology and ophthalmology for the school child and we are grateful for this valuable service.

Details of the work done at their respective clinics is shown below.

#### Otologist Clinics—

New referrals . . . . .	184
Pupil attendances . . . . .	404
Operative treatment recommended . .	131

#### Ophthalmologist Clinics—

New referrals . . . . .	952
Pupil attendances . . . . .	2,462
Glasses prescribed . . . . .	1,083

New referrals to the otologist this year show a 50% increase on last year, and pupil attendances are slightly less. New ophthalmic referrals are also slightly higher.

### Chiropody Clinics—

The School Chiropodist reports as follows:—

Pupils inspected	..	..	..	4,057
Pupils found to require treatment	..			369
Pupils referred for treatment by medical officers, health visitors, spontaneous referrals, etc.	..	..	..	560
Treatments given	..	..	..	3,379
Sighthill Clinic	Leith Clinic	Occupation Centre	Total	
858	2,446	75	3,379	

## IMMUNISATION AND VACCINATION

### Diphtheria and Tetanus Protection

**5 year old entrants** were offered diphtheria/tetanus protection mainly as reinforcing doses, or primary courses if required.

**9 year old pupils.** Those requiring booster protection (the large majority) received diphtheria toxoid (T.A.F.). Unprotected pupils were given combined diphtheria/tetanus toxoid. Parental consent was a pre-requisite in all procedures.

School medical officers administered, during the session, 7,527 doses of combined antigens of which 6,627 were reinforcing doses, and 3,405 doses of the single antigen (T.A.F.) of which 3,345 were booster doses. These figures represent a total increase of 483 doses on last session, in the combined antigen group.

When the immunisations done by family doctors are added to these figures it is estimated that the diphtheria protection rate among school children is 88%.

### Poliomyelitis Protection

Reinforcing doses of vaccine by the oral route were offered to 5 year old school entrants as before, primary courses were offered at any age that school medical officers became aware that a child was unprotected.

During the session a total of 4,925 children received oral vaccine, mainly the school entrants receiving booster doses.

## INFECTIOUS DISEASE

Pupil absence from school due to infectious disease showed an increase last session, largely due to the biennial outbreak of measles. The effect of measles vaccination on the school child is awaited with interest.

### Scabies

School absence figures again showed a slight increase on last session, coupled again this year with a slightly higher clinic attendance figure for school children.

## TUBERCULOSIS

### B.C.G. Vaccination

Policy has remained the same, vaccination, preceded by Heaf Testing, was offered to all 13 year old pupils attending schools under the management of the Education Committee and also those attending 22 private and independent day and boarding schools in the City.

5,574 pupils were Heaf Tested, with results showing a further fall in the natural positivity rate to 5.6% in local authority schools and 7% in the independent and private schools.

The incidence of weakly positive reactors was 75.7% of the total positive reactors.

Full statistical details are shown on page 105.

### Mass Radiography Examination

Pupils aged 13 years and over, known to be tuberculin positive by natural conversion or to be strongly tuberculin positive by B.C.G. vaccination conversion, were advised chest x-ray, and facilities were made available through the Medical Director of the Mass Radiography Unit.

One case of active pulmonary tuberculosis was diagnosed among 1,176 pupils x-rayed. This was a girl of 13 years with a Heaf Test Grade III positive skin test who was found to have minimal pulmonary tuberculosis. Further tuberculin screening of her class mates was carried out, but no source or spread of infection was found.

### School Leavers

School leavers known to have a high sensitivity to tuberculin (Heaf positive Grade III and Grade IV) were again notified to the Senior Medical Officer for Infectious Diseases and arrangements made for them to be called by personal postcard to the Mass X-ray Unit.

136 School leavers were notified, and by July, 1969, one hundred and thirty-six had been called and eighty-three had attended. Normal chest x-rays were reported in all but one case, an immigrant boy of 16 years resident in the United Kingdom since 1964 who was diagnosed as minimal pulmonary tuberculosis.

### Pulmonary Tuberculosis Notification and Follow-up Surveys in Local Authority Schools

	1965	1966	1967	1968	1969
Notifications amongst School Children (all ages) . .	13	19	18	12	12
Notifications amongst School Staff . . . . .	1	2	1	2	1
Pupil Contact Surveys:—					
Number Tuberculin Tested . . . . .	524	195	59	61	40
Active Pulmonary Tuberculosis Cases found on X-ray	3	—	—	—	—

Further analysis of the 12 notified pupil-cases by age, reveals that ten were below the age at which B.C.G. vaccination is at present offered, one was discovered at routine pre-B.C.G. vaccination Heaf testing, and the remaining one a boy aged 13 years was picked up as a family contact before vaccination was offered in school.

The notified case amongst school staff occurred amongst the School Meals staff. This presented clinically as an erythema nodosum and cervical adenopathy in a woman of 32 years. The excised gland was found to be tuberculous.

Other school meals staff in the school were screened radiologically with normal reports.

## THE HANDICAPPED CHILD

### Aged 2-5 years

During the session 1968-69, 111 home visits by medical officers were paid to such children, placement in ordinary nursery school was provided in approximately 44 cases.

The two special nursery groups for handicapped children continue to work to capacity, each having a small waiting list ready to take the places vacated when children move on to appropriate Special Education.

It is hoped to increase the number of places available for the pre-school physically handicapped child in the fairly near future.

Assessment of these severely disabled children continues on the multi-disciplinary basis, to the benefit of children and staff alike.

Thirty-five children of pre-school age were referred to the Child Guidance Service for assessment as likely to require special education as mentally handicapped pupils.

### Ascertainment of Mental Handicap

During the year 78 children (40 boys and 38 girls) were referred to the school health service for medical examination under Section 63 (2) of the Education (Scotland) Act 1962.

These examinations were carried out by school medical officers suitably qualified in ascertainment and in certification of mental handicap. Thereafter relevant reports and recommendations were passed to the Director of Education by whom the following procedures were implemented.

	Boys	Girls	Total
1. Pupils ascertained and transferred to Special Schools . . . . .	27	26	53
2. Pupils ascertained and transferred to Junior Occupation Centre . .	2	4	6
3. Pupils ascertained and for whom no Special Educational facilities were available . . . . .	—	—	—
4. Pupils notified to Health and Social Services Department Section 65 Education (Scotland) Act 1962 . . . . .	2	—	2

## Special Educational Treatment

Special Educational provision for the designated categories of handicap was made as follows:—

Category of Handicap	Number of Pupils on Roll			
	July 1968		July 1969	
	Residential School	Day School	Residential School	Day School
Children with Visual Handicap:—				
Blind .. .. .	12	—	10	—
Partially Sighted .. .. .	—	46 <sup>1</sup>	—	49 <sup>1</sup>
Children with Hearing Defect:—				
Severely Deaf .. .. .	13	35	12	30
Partial Hearing .. .. .	—	89 <sup>2</sup>	—	100 <sup>2</sup>
Epileptic Children .. .. .	1	10	1	12
Children with Physical Handicap (including Cerebral Palsy) .. .. .	25	127	26	130
Mentally Handicapped Children (including trainable group) .. .. .	95 <sup>3</sup>	507	107 <sup>3</sup>	543
Maladjusted Children .. .. .	53	46	52	44
Children with severe Multiple Handicap .. .. .	7	31 <sup>4</sup>	8	31 <sup>4</sup>
<b>TOTAL ..</b>	<b>206</b>	<b>891</b>	<b>216</b>	<b>939</b>

<sup>1</sup> Includes 21 and 21 children from areas outwith the city.

<sup>2</sup> Includes 40 and 40 children from areas outwith the city.

<sup>3</sup> Includes Regional Hospital Board provision.

<sup>4</sup> Cerebral Palsy children with severe physical and varying grades of handicap.

## Children with Speech Defect

The pattern showed little change amongst referrals for speech therapy, there was the usual sex predominance of 2:1 boys and girls. The maximum age range for referral was amongst 5–8 year old pupils of both sexes and the most frequent speech disorder was immature dyslolic speech.

As a result of a slight decrease in the number of referrals and an increased throughput of cases, the speech therapists finished the session with a slightly reduced waiting list.

The table on page 106 gives a summary of their work.

## Visiting Teacher Service

Provides for two categories of children.

1. The severely handicapped home-bound child.
2. The child requiring prolonged hospitalisation where there is no established hospital school or class.

During the session 67 pupils, mainly of secondary school age received their education in this way.



A diagnostic analysis of cases continued to show that accidents, and congenital abnormality are the main conditions requiring home or hospital tuition. It is satisfactory to report that only 7 pupils had been on home or hospital teaching for more than one year, and only a further 8 pupils had required the service for over six months. The remaining 52 pupils were reintegrated to special or ordinary school within six months.

### PUPILS ON THE VISITING TEACHERS' ROLL DURING THE SESSION

Disability	No.	Disability	No.
Accidents . . . . .	15	Post Poliomyelitis paralysis . . . . .	1
Asthma . . . . .	2	Pregnancy . . . . .	3
Congenital Abnormality . . . . .	12	Psychosomatic Disorders . . . . .	1
Epilepsy . . . . .	2	Rectal Abscess . . . . .	1
Haemophilia . . . . .	1	Renal Disease . . . . .	3
Leukaemia . . . . .	2	Rheumatoid Arthritis . . . . .	1
Muscular Dystrophy . . . . .	2	Rheumatic Fever . . . . .	1
Orthopaedic — Acquired (excluding fractures) . . . . .	5	Skin Disease (mainly in hospital) . . . . .	12
		Others . . . . .	3

\* Total Number of Cases: 67

\* These figures include 38 children in hospitals who received tuition from visiting teachers.

### THE HANDICAPPED SCHOOL LEAVER

Medical and nursing staff continued to work closely with the Youth Employment Officers and the Educational Psychologists to give maximum assistance to handicapped pupils leaving school. Case conferences were held at which head teachers were also present along with, in some cases, a representative from the mental health section of the Health Department to evaluate the employment potential of the pupils, and determine which agency could most appropriately take over their management.

Thirty-two handicapped leavers considered capable of open employment attended the short pre-work experience courses at the Ministry of Labour Industrial Rehabilitation Unit in Granton.

These courses have now been operating for almost three sessions and much valuable experience has been gained both by staff and participants. The Principal Careers Officer is studying the employment histories of the participants.

During the year, 20 less able mentally handicapped school leavers were formally notified to the Health Authority under Section 66 (1) Scotland Act 1962 as likely to benefit from the Mental Health Services.

## REGIONAL REMAND HOME

The new Remand Home opened in September, 1968, with places for 40 boys and 12 girls and during the session under review, 932 medical examinations were carried out, an increase of nearly 50% on last year.

The table on page 102 summarises the medical work for the session.

## MORTALITY AMONGST SCHOOL CHILDREN 5-14 YEARS

From the Table on page 104 it can be seen that the total deaths were 15 compared with 24 last year. This is the lowest number of deaths in this age group in the last 20 years, and a further glance at the figures will show that the reduction is mainly due to the fact that there are no recorded deaths due to respiratory disease.

As before, accidents and other forms of violence claim the largest toll, over half the fatalities, and of these, the greatest number are due to road accidents. It is of interest to explain that the deaths recorded under other causes, for comparative purposes, are this year all due to congenital abnormalities of various types.

## DENTAL SERVICES

"Nothing in this world is so powerful  
as an idea whose hour has come."

Victor Hugo

### Introduction

The Public Dental Service is undergoing a period change. During the last few years there has been a growing recognition that dental caries can be reduced to manageable proportions in spite of the continuing disparity between the volume of dental diseases on the one hand and the shortage of trained man-power on the other. Indeed the impetus for change stems directly from the challenge of this chronic problem. The old image of a service struggling to provide as much treatment for as many as possible or, more accurately, some treatment for a few, is beginning to recede as the emphasis changes from a service too long concerned with the number of fillings completed, the number of patients treated and even with the number of patients made dentally fit, to one which is beginning to grasp the possibilities of systematic dental care based upon the practice of sound preventive principles. The changing pattern has undoubtedly been accelerated by the advent of auxiliary personnel to the public dental service. Their success as clinicians and dental health educators has been won on merit and their potential value as agents in the prevention of dental diseases is an exciting prospect. There is, however, a very real danger that the gathering momentum and new-found enthusiasm within the service may be dissipated if training schools fail to provide ancillary personnel in sufficient numbers in the years that lie ahead.

The Annual Report for 1967/68 pointed out that in the absence of a dramatic decrease in the incidence of dental diseases some re-thinking of the type of service provided was required and suggested that this should be based on the concept of positive dental health. Since that time, three important developments have taken place, which together constitute a major advance towards a realisation of this objective.

### I. The Dental Health Team

In October, 1968 five dental health teams were formed, limited in number only by the agreed establishment of auxiliary personnel. Each team has as its objective the maintenance of as many children as practicable in a continuous state of dental health with minimal incremental disease by providing comprehensive dental care in a planned programme of prevention, dental health education and treatment. Initially, only five-year-old children are being cared for in this way. Year by year an additional age group will be accommodated until, finally, the team will provide systematic dental care for all age groups from five to twelve years. As new dental teams are formed it is hoped to extend comprehensive dental care to all primary school children. The dental health team method not only provides better dental care but better care for a larger number of children through planning prevention and the delegation of certain dental procedures to auxiliary personnel with appropriate training.



## II. Computer Charting

Essential to any programme of systematic dental care is a constant evaluation of results. This can only be achieved when accurate base-line information is available. To this end a new method of recording and charting has been adopted which takes full advantage of the computer facilities now available. The very considerable assistance, given by the Department of Preventive Dentistry, Edinburgh University, in designing a suitable system is acknowledged with thanks.

## III. Fluoride Mouth Rinsing

The pilot study in topical application of fluoride by fortnightly rinsing with weak solutions of sodium fluoride first reported last year, has proved beyond doubt to be an acceptable method of mass application. Although the study as such has now been terminated the longitudinal study into the effectiveness of this measure as a caries preventive will be continued for a further four years.

Apart from the direct beneficial effect of rinsing on the incidence of caries it is thought that regular visits to schools by the auxiliary personnel who supervise rinsing will exert a wholly beneficial influence on attitudes towards dental health. Rinsing is seen as an essential part of comprehensive dental care ensuring that children are seldom far from a good dental influence throughout their school lives. It has, therefore, been decided to extend the programme to include a further five thousand children at selected schools in 1969/70 and to all primary school children as the availability of auxiliary staff permits in the future.

## Statistical Analysis

An analysis of the statistical return for the year under review shows that the record peak attained in 1967/68 has been well maintained. However, in spite of the very considerable volume of work undertaken by a steadily improving service it remains unable to meet the dental needs of the child population.

At the present time the most reliable single index of the effectiveness of the dental service is the number of children made dentally fit in relation to the total responsibility. Although this number totalled 10,534, the highest on record, it represents only 16 per cent of the total school population. Even when allowance is made for the very considerable contribution to child dental health by the general practitioner service in the city, it is estimated conservatively that 25,000 children did not receive the dental care they undoubtedly required. Routine dental examinations at school number 28,673 or 43.6% of the school population, while the figure for attendances, 55,172 represents an average of 4.8 treatment visits per child. The acceptance rate of 54.5% is 3.7% higher than the previous year and may well reflect an increasing demand for dental care. Taken together these figures illustrate yet again the serious problems facing the combined dental services in Edinburgh and their inability to meet the dental demands of the community, let alone the dental needs.

## Dental Health Education

In 1966 a seven year study designed to measure the effectiveness of conventional methods of dental health education was begun in co-operation with Professor J. M. Mansbridge of the Department of Preventive Dentistry, Edinburgh University. Although too early to draw any final conclusions, the indications are that dental health education as practiced has little influence on the incidence of dental caries, there being no significant difference between the experimental and control groups at this stage. These interim results serve to add strength to the argument that new methods must be tried in an effort to find an effective method of improving child dental health.

The programme of dental health education, in part co-ordinated with the new dental health teams, and under the overall direction of a senior dental officer included 665 half days of group teaching, 508 of which were undertaken by hygienists and auxiliaries. A further valuable contribution was made by trainee oral hygienists from the School of Oral Hygiene, Edinburgh, at four selected schools.

The Happy Smile Club continues to flourish and serves to introduce five-year-old children to dental health education, while the distribution of oral hygiene kits followed by the award of Happy Smile badges is considered of value in gaining early parental participation in the dental health programme.

## Prevention

In the past the prevention of dental diseases has received only passing acknowledgement and scant attention. Increasingly, however, it is being recognised that remedial treatment alone cannot provide a solution to dental problems and that if the standard of community health is to improve greatly increased attention must be given to the prevention of dental diseases.

The importance of prevention in the concept of positive dental health has been recognised by the appointment of a senior dental officer, Mr W. A. Wishart, to act in a full-time capacity as preventive officer for the service from 1st September, 1969. The duties relevant to this appointment include the planning, evaluation and co-ordination of all preventive measures. Clinically, these include topical application of fluoride twice per year for all children receiving systematic dental care and a 0.2% sodium fluoride rinse for every child following each treatment visit, while on a community basis fortnightly fluoride rinsing, to which reference is made earlier, is currently the method of choice. Arising from studies undertaken in the United States of America consideration is being given to a pilot study into twice yearly brushing with stannous fluoride-zirconium silicate paste which is reported to reduce caries by up to 70% (Muhler, 1968).

Fluoridation of public water supplies remains the most effective single measure known in the prevention of dental caries. When the Report of the United Kingdom Studies into 11 years of fluoridation is available it is confidently anticipated that fresh evidence to support the effectiveness and safety of this much needed measure will be available.

## Orthodontic Treatment

A further increase in the number of new cases is reported, bringing the total number of malocclusions under treatment to 627. Of this number 180

were concluded satisfactorily and 33 (5.26%) cases were discontinued or discharged as unsatisfactory. The balance between new cases and those completed is within acceptable limits, but the anticipated growth in the volume of orthodontic treatment undertaken as the result of re-organisation last year has not yet materialised.

A drop in the number of consultant sessions is recorded which may, in part, account for a 38.9% decline in cases referred for consultant advice and diagnosis. More cases are, however, being undertaken routinely by dental officers.

The Annual Meeting of the European Orthodontic Society was held this year in Edinburgh in honour of its President, Dr. W. Russell Logan, Consultant to the School Dental Service for eighteen years. Four members of the dental staff attended and a table demonstration on cases treated in the local authority service by functional regulators was ably presented by Miss M. N. Miller.

## **Oral Surgery**

The consultant oral surgery service continues to be provided at Sighthill Health Centre on a regular sessional basis as in previous years. 27 cases were referred for consultation and treatment and 6 were referred to the Eastern General Hospital for in-patient care.

## **Treatment of Handicapped Children**

Arrangements made through the courtesy and interest of Mr J. A. Hargreaves, Senior Lecturer in Children's Restorative Dentistry, Edinburgh University, for the provision of in-patient facilities at the Royal Hospital for Sick Children has continued throughout the year. In last year's Report reference was made to the urgent need for a dental officer of special aptitude and training to devote a substantial part of his attention to the dental care of handicapped children. Mr G. Bolas, who now holds a joint appointment with the Local Authority and Edinburgh University has been examining the special problems involved and will make his report later this year on how adequate provision can be made for this special group. The preparation of a Register of handicapped children including those with behavioural problems has already reached an advanced stage.

A majority of handicapped children do not require in-patient care but special facilities are essential if this much needed service is to develop. The provision of a suitably modified mobile surgery, enabling treatment to be provided in the school environment where assistance from staff known to the children is usually available is now a matter of some urgency.

## **Post Graduate Visits**

All fourth year dental students attended the central dental clinic to study the local authority dental services. Particular emphasis was placed on the preventive aspects of the work carried out, but visits were arranged to regional clinics and Sighthill Health Centre to study other aspects of the service. The Chief Dental Officer delivered a series of lectures on public health dentistry to final year dental students.

## **Establishment**

It has been possible to maintain the agreed establishment position with the exception of the dental auxiliary grade which has been under strength for a substantial part of the year. It is, however, anticipated that this situation will be remedied when newly qualified auxiliaries are available in the early autumn.

Ancillary personnel of all grades will be required in increasing numbers in the months and years which lie ahead if the service is to develop satisfactorily.

## **Council of Europe Medical Fellowship**

The Chief Dental Officer wishes to record his grateful thanks to the Health Committee for permission to fulfil the terms of this award in May, 1969.

## **Conclusion**

While many problems continue to beset the Service new concepts are developing which, if carefully nurtured and allowed to flourish, will in time alter, beyond recognition, current dental practice. There exists a buoyancy of spirit and an encouraging determination to provide the highest standard of dental health which should rightly be enjoyed by every child.

### SECTION III

#### **NURSING SERVICES**

- (a)* Home Nursing Service
- (b)* Domiciliary Midwifery Service
- (c)* Health Visiting Service
- (d)* Health Visitor Training Course
- (e)* Wider Basic Nurse Training Scheme



## HOME NURSING SERVICE

When we are on the threshold of a new decade it is perhaps worthwhile considering what has happened in the District Nursing Service during the last ten years and attempt to envisage how the service will develop in the years ahead.

In retrospect, the service has become more efficient through the availability of disposable equipment and mechanical hoists for use in the patients' homes and the increase in transport facilities for the nursing staff. The employment of state enrolled nurses has also been an advantage and support to the district nursing sisters.

In the coming years there may well be complete attachment of all nursing staff to general practices and patients will be discharged early for post-operative nursing treatment to be continued in their own homes by the district nursing staff. This will give added interest and more work satisfaction to nursing staff and their skills will be used in a better manner and, as our present experience of group attachment indicates, a very much higher percentage of the community in need of nursing treatment will receive this. There will be an increasing emphasis on team-work, nursing liaison and co-operation with hospital staffs and this should augur well for patient care.

### District Nurse Attachment to General Practice

This year there have been a further five attachments started and at the end of the year there were 21 district nursing staff working with 52 doctors in group practices. In all, a total of 40,845 visits were made to patients in their own homes, and of these, 1,295 were follow up or supervisory visits undertaken on behalf of the family doctors and of the total, 28,051 were to patients of 65 years and over. A further 12,655 treatments were undertaken by the nursing staff in surgery premises.

In one practice, the district nursing sister has undertaken a survey of the well elderly within the practice population. This survey has been published and it does show that screening of this type can be performed adequately and successfully by the district nursing sister working in group practice, in addition to her normal duties.

### Early Discharge of Patients from Hospital following Surgery

This year the nursing staff have attended 286 patients. It is felt that the arrangement we have with the Northern Hospital Group is very worth while, and is of benefit to the patient who is able to have a dressing procedure carried out in his own home, thus avoiding the difficulty of travelling to the Outpatient Department and having, despite an appointment system, to spend a considerable length of time there. It is most encouraging to report that towards the end of the year we were approached by one of the hospitals in the Group and asked to share the nursing care of patients who were to have their operations on an "outpatient" basis and discharged home on the same day. This pilot scheme was devised after consultation with some of the family doctors in the area, and it is hoped that if minor surgery can be dealt with in this way, it will assist in reducing the hospital waiting list and relieve the bed situation.

## **Liaison with Hospitals**

Once again our thanks are due to the Lady Superintendent, Royal Infirmary of Edinburgh, who arranged for twelve district nursing sisters to attend a one week refresher course at the Infirmary. This course was very much appreciated and we are grateful to the medical and nursing staffs for devoting time to, and showing interest in the work of the district nursing sisters.

The domiciliary midwives have also been invited and have benefited from attending study days arranged for the nursing staff in the Simpson Memorial Maternity Pavilion.

## **Sighthill Health Centre**

The treatment room has been used well during the year. In all, 4,769 patients attended for 15,175 treatments. The nursing staff who are employed on a part-time basis cover three daily sessions—9 a.m.—1 p.m.; 1 p.m.—5 p.m.; 5 p.m.—8.30 p.m.—from Monday to Saturday inclusive and the treatment room is open between 10 a.m.—11 a.m. every Sunday.

## **Marie Curie Night Nursing Service**

During the year many patients have benefited from this service, and in several instances patients who would otherwise have had to be admitted to hospital were able to remain in their own homes during terminal illnesses. The relatives have frequently expressed appreciation of the service rendered by the Marie Curie nurses. It is a pleasure to be associated with the administration of this service which is so beneficial to the families who qualify for it in the City.

## **District Nurse Training**

In December 1968 the Scottish Branch of the Queen's Institute of District Nursing ceased to have the overall responsibility for the training of district nurses in Scotland.

Since the beginning of the year this training has become the responsibility of the local authorities with a Panel of Assessors appointed by the Department of Health and Social Security and the Home and Health Department in Scotland being responsible for the District Nurse Examination and the Award of the National Certificate to successful students. In Edinburgh, students no longer enter for training at the beginning of every month. The courses now take place three times a year, and at this point in time it is too soon to comment on the advantage or disadvantage of the revised training.

## **Appointment of Area Nursing Officers**

As a result of the alteration in district nurse training it was possible to redeploy four assistant superintendents and they now work as Area Nursing Officers, each having responsibility for an area of the city. This new development it is hoped will increase the efficiency of the District Nursing Service.

## DOMICILIARY MIDWIFERY

There has again been a decrease in the number of domiciliary confinements this year, and an overall drop in the birth rate for the City. The domiciliary midwifery centre at Southhouse closed in January and the midwifery centre at Restalrig, run by Simpson Memorial Maternity Pavilion, closed in October. The midwives employed there are now based on the parent hospital and operate in the area of central Edinburgh and Liberton, while the midwives employed by the Queen's Institute of District Nursing on an agency basis work in the Leith and Craigmillar districts.

The Central Midwives Board for Scotland discontinued the Part I and Part II syllabus for midwifery students and from the beginning of the year there has been a one year training course for all midwifery students. In the one year course, each student requires to have four weeks on the district gaining domiciliary experience; in this connection, a pilot scheme was arranged with Simpson Memorial Maternity Pavilion whereby the students under the direction of the domiciliary midwife undertake visitation of mothers and babies discharged from hospital between the 6th—10th day. The health visitor staff will as before visit all such cases following notification of discharge from hospital.

## HEALTH VISITING SERVICE

### Further decentralisation of Health Visitors

By the end of 1969, health visitors were based on twenty-two work centres throughout Edinburgh. The advantages of this dispersal of staff outweigh the disadvantages, which are mainly administrative. The fact that health visitors are available locally is a benefit to mothers with young children and to elderly people alike as either group is more ready to seek advice and help from the health visitor when they are neighbourhood based.

### Staff participation in work planning

A meeting of health visitor representatives from all the centres takes place every month. Suggestions are brought up by any member of staff through the appointed representative; these are discussed and the appropriate action taken. The communications are two-way and on occasion, usually by request from one of the staff, someone from another department may be invited to talk on a new project or change in method of work. The Chairman and Secretary are elected for one year, and minutes are circulated to every health visitor, as well as to the elected representatives.

### The changing role of the health visitor

In the Spring, in anticipation of the transfer of Social Services to the Social Work Department, the health visitors had group discussions on their future. A staff meeting took place, when the group leaders reported back their findings. Later, these reports were edited and compiled in the Department's News Letter. It is certain that, in spite of the health visitor handing over some of her former duties to the social worker, she retains a unique and distinctive role in the health programme today and the support she alone can give, can have far-reaching effects.

The report on the working party on management structure in the local authority nursing services, completed in October 1969, should help to dispel any doubts the health visitor may have concerning their place in the health service of today and in the future. This is the first time there has been such a report on line management in this field and the need to keep in step with similar planning and use of staff in the hospitals is obvious and should have a favourable effect on recruitment of health visitors. The Superintendent Health Visitor was a member of this working party.

### Visits to the elderly and the bereaved

In this sphere of health visiting, statistics merely show the number of visits paid and fall far short of indicating how much time is spent on such visits and how much support is given. While it is statistically correct to say that only some 8% of all the health visitors' home visits are to the elderly, this gives no measure of the effectiveness of such intensive visiting.

Visits are also made and are much appreciated, to the surviving partner where bereavement has occurred.



One health visitor is seconded to the geriatric assessment unit at the Eastern General Hospital where she works alongside the consultant geriatricians. She visits the homes and encourages the elderly to seek early advice and to use the services available, but not always known to them.

### Child Health Centres

Here too, the nature of health visiting must keep up with current trends. Many modern mothers are used to the idea of group discussion and when encouraged by the health visitors, readily discuss and share their problems with others. The health visitors' attendances at various clinics are listed on page 111 and in most cases show marked increases, particularly in the field of health talks and health education.

### Health Visitor/General Practitioner Attachment

To date there are ten health visitors attached to eight group practices, involving twenty-eight doctors. In addition to complete attachments, there are many instances of excellent co-operation and liaison between many general practitioners and health visitors. In all, ninety-one general practitioners have contact with health visitors, ranging from full attachment, to regular meetings and baby clinics.

In September, 1969, the conference on "The Team", referring to the general practitioner, health visitor and district nursing sister, was held in Edinburgh. There followed further enquiries from general practitioners who were keen to participate in such team work.

To promote further liaison between health visitors and district nursing sisters, a succession of joint area group meetings was arranged for such staff, in conjunction with the Superintendent of the District Nursing Service.

### Ancillary Staff

In 1969, 1,341 visits were paid by the four health assistants. In addition, they saved many hours of the health visitors' time by carrying out routine duties, such as record filing and telephoning.

### Hospital Liaison

Health visitors have continued the work of liaison with sixteen Edinburgh hospitals. This aspect of health visiting provides a more integrated service for all ages and social groups of Edinburgh's population.

Number of referrals by hospital staffs to health visitors in 1969 was .. .. .	—	12,442
Number of referrals by health visitors to hospital staff in 1969 was .. .. .	—	1,223



### Screening tests for ascertainment of hearing defects, carried out by health visitors in 1969:—

1. Total number of children who have been tested by Health Visitors .. .. . —	3,501
2. Number of children who failed screening test first time .. .. . —	145
3. Number of children who failed screening test second time .. .. . —	30
4. Number of children referred for further investigation —	39

This shows an increase in tests, over the 1968 figures, and it is hoped that this is due to the in-service training given to half the health visitors in this technique in 1968.

### Specialist Health Visitors

The work of specialist health visitors although few in number, still holds an important place in the School Health Service and in the field of tuberculosis. Details are recorded elsewhere in this report.

### Training Programmes

As in previous years, there have been many students from different disciplines making visits with health visitors. In 1969, approximately 216 students including student health visitors, student hospital nurses and general practitioner trainees, accompanied the health visitors. In addition, there were the usual number of overseas visitors.

Health visitors themselves have benefited by in-service training and many have been given the opportunity to attend refresher courses and conferences. Some of the staff continue to serve on various local and national bodies which not only broadens their horizons but also gives them the opportunity of imparting their own varied experience and knowledge.

## HOSPITAL REFERRALS, 1969

<i>Hospital</i>	<i>Number of cases referred from hospital to H.V.</i>	<i>Number of cases referred from H.V. to hospital</i>
<b>Geriatrics</b>		
City .. ..	60	13
Eastern General ..	—	—
Longmore .. ..	18	24
Astley Ainslie ..	668	172
Bruntsfield .. ..	5	6
Liberton (from July 1969)	21	—
<b>Maternity</b>		
Eastern General ..	589	68
Elsie Inglis .. ..	1,462	153
Simpson's Maternity	4,924	475
Western General ..	1,541	—
<b>Children</b>		
City .. ..	1,235	89
Leith .. ..	362	60
Western General ..	560	73
R.H.S.C. .. ..	287	58
Princess Margaret Rose (from March 1969)	42	4
<b>Mental Health</b>		
R.I.E. (Ward 3) ..	302	10
Royal Edinburgh ..	332	—
<b>Others</b>		
City (15–55 yrs.) ..	34	18
	<hr/> 12,442	<hr/> 1,223

## HEALTH VISITOR TRAINING CENTRE

1969 proved to be a successful year for the staff and students of the training centre. The settling in to permanent premises at Springwell House, and the improved accommodation ensures easier administration and more suitable classrooms for students and lecturers alike.

The courses arranged for the year included the three week public health experience for student nurses within the South East Regional Hospital Board Area, the Health Visitor Certificate Course and a Field Work Instructor Course.

### Tutors

Full establishment of three tutors has now been reached by the return of one who successfully completed the Community Nurse Tutor Course at the Royal College of Nursing, London.

### Field Work Instructors

The practical training of the health visitor students is undertaken by field work instructors from the City, Midlothian and Fife Counties. This ensures that each health visitor student has a carefully planned practical training programme, which links very closely the classroom teaching with that of the field work areas. The field work instructors also participate in informal teaching sessions in the classroom.

### Health Visitor Certificate Course

Thirty students enrolled for this course, twenty-nine of whom were successful and were recommended for the award of the Health Visitor Certificate by the Council for the Training of Health Visitors.

The implementation of the syllabus of training is constantly under review with the necessary changes in emphasis being made each year keeping in line with the trends of administration, structure and community needs.

There continues to be an increasing demand on lecturers to adopt group teaching rather than formal lecture sessions, which requires more of the lecturers' time as well as more careful time-tabling.

The integration of Health Visitor and District Nurse Training courses has not yet reached fruition but discussions continue.

Mention should be made at this point of the acceptance of a three month obstetric course as a pre-requisite qualification for health visitor training, and there appears to be an increasing number of nurses wishing to enter the training course with such a qualification. This year saw an experimental scheme set up at the Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh, with the approval of the Central Midwives' Board for Scotland. This was attended by one student, who will undertake the health visitor certificate course in Edinburgh next year.

### **Field Work Instructor Course**

The Council for the Training of Health Visitors approved the scheme for this course, submitted by the Edinburgh centre, and the first two week course was held in November. It was attended by twenty field work instructors from various areas of Scotland, all of whom had already attended a previous course.

This proved to be a most successful course, which added to the prestige of the centre by being the first such course organised by a health visitor training centre in Scotland.

A further course, for a longer period of six weeks, is planned for early next year, and the staff are grateful for all the encouragement given to them in the implementation of such new developments.

## WIDER BASIC NURSE TRAINING

There have been few changes in the implementation of this scheme of training. The liaison between the tutorial staff and the administrative and teaching staffs of the various hospitals involved, continues to increase and proves to be one of the most valuable aspects of this scheme.

During the year under review, 360 student nurses from several hospitals within the South Eastern Regional Hospital Board area undertook the theoretical course held in three one-week blocks at the training centre.

The practical training programme for the remaining two weeks for each student was again arranged within the City, the counties of East Lothian, West Lothian, Roxburghshire and Midlothian, the latter two counties planning this direct with the hospitals concerned. This left 217 student nurses to be placed in Edinburgh, East Lothian and West Lothian.

Many attempts have been made to evaluate this training programme and an intensive review will be planned during 1970 in order to prepare for any changes envisaged in the proposed comprehensive nurse training schemes.



## SECTION IV

### **MEDICO SOCIAL SERVICES**

- (a)* Services for the Aged
- (b)* Services for the Handicapped
- (c)* Mental Health Services
- (d)* Home Helps
- (e)* Cervical Cytology

## SERVICES FOR THE AGED

This year has seen the introduction of the Social Work (Scotland) Act 1968, on 17th November, and the main effect of this Act is to combine the Welfare Services and the Mental Health Department and Home Help Section with the Children's Department and Probation Service for the City, thus creating an integrated Social Work Department under the new Director of Social Work.

The social workers of the Department will be required to provide services for the whole range of clients previously dealt with by the separate sections and departments. One of the aims of integration under the Act is to enable a comprehensive analysis of need and appropriate planning of resources for the area, through which it is hoped great benefit for all sectors of clients will result. During this year also, two new Homes for the aged have been opened, respectively at Balmwell and at Clermiston, both having 54 beds.

Voluntary Homes have continued to be used and have provided additional places during this year.

### Meals on Wheels and Lunch Clubs

These services continue as an invaluable support to efforts to maintain elderly people in their own homes, and in their provision the Corporation is again much indebted to the many voluntary workers, and their various organisations, who regularly distribute the meals to the elderly at home.

The number of meals provided has again increased the figures for the year and compared with 1968 are as follows:

	1968	1969
Average number in receipt of Meals on Wheels . .	639	666
Meals supplied during the year . . . . .	65,345	67,813
Number of Lunch Clubs operating . . . . .	22	23
Meals supplied during the year . . . . .	185,559	197,855
Total number of meals supplied . . . . .	250,904	265,668

### Library Service

This service is again one which is invaluable to many of the elderly at home and is again carried out by willing volunteers of the Womens' Royal Voluntary Service.

Total number of books issued in 1969 . . . . .	19,191
Total number of visits made . . . . .	4,065
Total number of W.R.V.S. engaged on the Service . . . . .	44
Total number on Register at 31st December 1969 . . . . .	169

### Travel Concessions

This concession, introduced in 1965 under the Travel Concession Acts 1955-64, has proved a great boon, giving to many old folk a new freedom of movement, new interests and companionship. Over 56,000 concessionary passes have been issued to old age pensioners entitling them to any journey

on Corporation transport for a fourpenny fare during the off-peak hours, namely Monday to Friday, 10.00 a.m. to 12 noon, and 2.00 p.m. to 4.00 p.m., and after 6.30 p.m., and all day Sunday.

Those who have a serious and permanent impairment to walking can have a pass entitling them to free travel at any time. Over 4,500 of these have been issued, but this number, of course, includes the disabled as well as the elderly disabled.

## **Residential Accommodation**

Residential accommodation for elderly persons in need of care and attention has been increased during this year by the opening of the home at Balmwell Terrace on 3rd March 1969, and Clermiston on 1st October 1969, both homes having 54 beds.

Facilities offered by voluntary organisations in the City and its environs have again been utilised to the full by the Department, and the number of residents in these homes has increased to 79 (61 in 1968).

The number on the waiting list for admission to Corporation Homes at 31st December 1969 was 226 (192 in 1968), indicating a constant need for supporting services for the aged at home.

The Corporation Homes are as follows:

**Greenlea:** This large Home now provides for 444 residents, a slight reduction from 1968 when 450 were resident. The phased modernisation of the structure has proceeded throughout the year and work on a new kitchen, with a capacity for provision of up to 3,000 meals, including meals on wheels, has proceeded satisfactorily. During the year there were 270 admissions, 173 discharges and 104 deaths.

**Firrhill:** This Home can accommodate 16 male residents, and during the year there have been 17 admissions and 18 discharges at this Home.

**Edinholme:** There have been 13 admissions and 12 discharges from the Home which can accommodate 19 ladies.

**Craigard:** This Home accommodates 22 ladies and there have been this year 8 admissions, 11 discharges and 1 death.

**The Abbey, North Berwick:** This Home accommodates 26 residents and is used more for short-stay or temporary residents, and there have been 65 admissions, 69 discharges and 1 death during the course of the year.

**Silverlea:** This purpose-built Home accommodates 54 residents of either sex and there have been 37 admissions, 25 discharges and 12 deaths at this Home.

**Redcroft, North Berwick:** There have been 37 admissions, 26 discharges and 11 deaths at this Home during 1969.

**Balmwell:** This new Home offers excellent residential facilities for the aged and is equipped to accommodate 54 residents of either sex. There have been 78 admissions, 18 discharges and 8 deaths in the period from its opening on 3rd March 1969 to the end of the year.

**Clermiston:** This Home, similar to Balmwell, only opened on 1st October 1969, and there have been 60 admissions, 5 discharges and 3 deaths.

The following summarises these statistics:

		<i>No. of Beds</i>	<i>Admissions</i>	<i>Discharges</i>	<i>Deaths</i>
Greenlea	..	444	270 (272)	173 (149)	104 (139)
Firrhill	..	16	17 ( 18)	18 ( 18)	— ( 1)
Edinholme	..	19	13 ( 15)	12 ( 15)	— ( 1)
Craigard	..	22	8 ( 10)	11 ( 9)	1 ( 1)
The Abbey	..	26	65 ( 63)	69 ( 60)	1 ( 1)
Silverlea	..	54	37 ( 29)	25 ( 19)	12 ( 11)
Balmwell	..	54	78 ( —)	18 ( —)	8 ( —)
Redcroft	..	54	37 ( 28)	26 ( 20)	11 ( 9)
Clermiston	..	54	60 ( —)	5 ( —)	3 ( —)
		743	585 (435)	357 (290)	140 (163)

(Figures for 1968 are shown in brackets.)

### Miscellaneous Statistics

Removal to suitable premises of persons in need of care and attention, under Section 47, National Assistance Act 1948:

Orders current at 1st January 1969 ..	..	..	..	Nil
Orders obtained during year ..	..	..	..	2
Orders lapsed during year ..	..	..	..	2
Orders current at 31st December 1969 ..	..	..	..	Nil

### Registration and Inspection of Homes:

Homes registered at 1st January 1969 ..	..	..	44
Available accommodation at 1st January 1969 ..	..	1,141	
New registrations ..	..	..	1
Certificates surrendered ..	..	..	1
Homes registered at 31st December 1969 ..	..	..	44
Available accommodation at 31st December 1969 ..	..	1,144	

Register of Charities ..	..	..	..	..	27
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### Temporary Protection of Property:

Properties at 1st January 1969 ..	..	..	..	19
Added during the year ..	..	..	..	18
Removed during year ..	..	..	..	19
Properties at 31st December 1969 ..	..	..	..	18

## Temporary Accommodation—Fire and Flood:

Number of incidents .. .. .	15
Number of families involved .. .. .	16
Number to Springwell House .. .. .	4
Number placed in Greenlea temporarily .. .. .	1
Number placed in Firrhill temporarily .. .. .	1
Number rehoused .. .. .	16

## Burials and Cremations:

Number arranged .. .. .	121
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(15 in Resident Accommodation: 106 outwith.)

**CHIROPODY SERVICE FOR THE ELDERLY**

The demand for chiropody care continues to increase and it was decided to expand and re-organise the service. A Chief Chiropodist was appointed to take charge in February and the staff of chiropodists increased by two. At the end of the year fifteen full-time and three part-time chiropodists were employed. The staff worked enthusiastically and succeeded in clearing a lengthy waiting list at clinics and for domiciliary treatment. The period between treatments was also reduced to a more satisfactory level.

	<i>No. of Patients Treated</i>	<i>No. of Attendances for Treatment</i>
Clinics .. .. .	6,136	30,569
Corporation Old People's Homes .. .. .	403	648
Domiciliary .. .. .	1,646	8,096
	<hr/> 8,185 <hr/>	<hr/> 39,313 <hr/>



## SERVICES FOR THE HANDICAPPED

In terms of the National Assistance Act 1948, the Corporation is empowered to promote schemes for the welfare of persons who are substantially and permanently handicapped by illness, injury or congenital deformity, or such other disabilities as may be prescribed by the Secretary of State.

The Act also provides for the delegation of those functions to voluntary organisations, and the Corporation under their schemes employ as their agents the following voluntary societies:

- (a) **Blind Persons:** The Society for the Welfare and Training of the Blind, and the Royal Blind Asylum and School.
- (b) **Deaf Persons:** The Edinburgh Deaf and Dumb Benevolent Society.
- (c) **Physically Handicapped:** The Edinburgh Cripple Aid Society.

### BLIND PERSONS

**Welfare:** The Society maintains on behalf of the Corporation the Register of Blind Persons and the number on the register at the end of the year was 1,084. During the year arrangements were made for the examination of 203 persons, of whom 120 were certified to be blind and 53 partially sighted, the remaining 30 were found not to be blind.

The Society employs 8 teachers who carry out domiciliary visits and give advice on personal problems, instruction on reading Braille and Moon type, handicrafts, e.g. the making of lampshades, trays, basket-work, stools, sea-grass, laptrays, etc., instruction on the use of suitable apparatus or appliances to help overcome difficulties in daily living is also provided. Stocks of these articles are kept by the Society.

During the year welfare visits and interviews numbered 6,601, of which 969 were of an instructional nature. Facilities are available for meetings at the Society's Headquarters at 4 Coates Crescent where there is a library. Monthly meetings are held in various parts of the City. As in former years concerts, bus outings and attendances at football matches at Tynecastle and Easter Road continue. Talking books are used by 430 blind persons as against 360 the previous year, and the waiting period is about four months.

The Society also maintains a register for partially sighted persons and the number on the register is 214 as against 224 the previous year. In connection with partially sighted persons 377 visits were made of which 29 were of an instructional nature.

**Employment:** The number of blind persons employed in the Royal Blind Asylum Workshop and the Scottish Braille Press receiving financial assistance from the Corporation is 101 compared with 85 the previous year. Various trades are carried on: bedding, basket-making, mats, chair caning, wire-work, upholstering, Braille production.

## DEAF PERSONS

**Welfare:** The Society's Register at the end of the year showed a total of 383 persons, as against 378 on the corresponding date last year. Throughout the year a programme of visitation was carried out, 1,450 visits being paid to the aged and infirm. Visits dealing with medical matters totalled 650; employment queries 750; requests for interpreters 800; general welfare and routine 5,350, making a total of 9,000 visits during the year, in comparison to 5,750 the previous year. This total was made possible by an increase in trained staff.

**Employment:** Six school leavers were placed in employment, and in addition, work was found for 17 men and 12 women. Occupations found range from apprentice coachpainter and sewing machinists to garden labourers and cleaners. Industrial Rehabilitation Units and Government Training Centres continue their co-operation and much assistance is received from the Disablement Resettlement Officer and Youth Employment Officer in the placement of deaf people in employment.

**Further Education:** Further education is given priority in order that young people may be trained to enjoy a fuller life. Special classes are arranged at Napier Technical College, Telford College and in the Society's premises at 49 Albany Street. The co-operation of the Further Education Officer, Leith, is greatly valued.

**Interpretation:** Interpretation is an essential part of the service provided by the Society. Local government officers, the legal and medical professions, as well as other social workers find this service of great value.

In addition to normal social meetings, a Lunch Club is arranged for old age pensioners, and sporting and other recreational facilities are provided. On one evening per week the Hard-of-Hearing Club also meet in the premises.

## PHYSICALLY HANDICAPPED PERSONS

The welfare facilities provided by the Cripple Aid Society include domiciliary visitation and occupational and work training leading to sheltered and open employment. The number on the Society's register at the end of the year was 1,822 as against 1,624 the previous year. During the year 316 disabled persons were referred to the Society and of these 68 were visited by the occupational therapist and social worker to assess their capabilities. There were 4,250 interviews with visits paid to disabled persons, with the assistance of qualified voluntary visitors or students from the Glasgow Probation Course, the Certificate in Social Work Course at Moray House College and Edinburgh University Social Study Department.

The Social Clubs at Simon Square Centre are very active again this year and membership continues to increase, although transport remains a problem. New clubs have evolved for chess, sports and drama. Arrangements were made for a considerable number of members to go on holiday throughout the year. It is of interest to note that of the 286 persons attending the Centre over 100 attend for only two hours per week, because of lack of space, and a total of over 200 require longer working time for the same reason. In addition to the regular work programme further education classes have continued in

crafts, typewriting, dressmaking and general education. During the year 14 workers were placed in open employment, 12 workers placed in sheltered employment and 4 boys accepted for vocational training.

A total of 2,912 domiciliary visits were made by occupational therapists to disabled members to encourage independence in self-care and the activities of daily living such as teaching them to dress, bath and feed themselves, in many cases with the use of aids. A total of 1,161 aids and 110 alterations to houses, e.g. handrails, etc., were issued in this connection. The number on the Register receiving this form of training and visitation is 1,064 compared with 972 last year, a large number of these being elderly persons (284 over 75 years of age). This service enables them to remain remarkably independent and delays the need to seek admission to residential care. Occupational therapy students from Edinburgh, Glasgow, Liverpool and Oxford continue to receive training at the Centre. One part-time social worker and a full-time occupational therapist were added to the staff to help to meet the ever-increasing requests for help.

### OTHER DISABLED PERSONS

The number of severely disabled sighted persons in sheltered employment and assisted by the Corporation at the end of the year was 22—7 at the Royal Blind Asylum Workshop and 15 at the Scottish Braille Press (12 as readers to the Braille transcribers).

During the year under review 354 disabled persons have received aids or have had adaptations carried out in their homes.

## MENTAL HEALTH SERVICES

The continuing uncertainty regarding the future together with the current financial stringencies to some extent inhibited progress and restricted plans for the future. Nevertheless plans for the provision of psychiatric services to Health and Social Service centres were developed.

In March 1969 we celebrated the first anniversary of the Craigmillar Centre and a start was made in collating the research findings with a view to publishing the results of our experience. It is hoped that a paper will be published early in 1970.

Another important provision which was reviewed and for which plans were submitted, was the rehabilitation services for the handicapped.

New or proposed legislation does not appear to improve the fragmentary and unco-ordinated services which exist for the care and rehabilitation of the handicapped, and because of this it was proposed that a team should be established with the purpose of co-ordinating both the hospital and community facilities for those with a chronic handicap.

Finally, and at the instigation of the S.E. Regional Hospital Board, a small joint working party was set up in March 1969 to investigate the problem of mental deficiency in Edinburgh and to make recommendations regarding future services. The working party includes consultant hospital staff, senior local authority medical staff, a representative from the Scottish Home and Health Department and from the University Department of Social Administration.

## MENTAL ILLNESS

Compulsory admissions to hospital fell from 278 or 9·8% of the total in 1968 to 241 or 9·1% of total admissions during the current year. This fall was primarily in emergency admissions although formal admissions and court admissions followed the same trend.

TABLE I

### Compulsory Admissions

#### Emergency and Formal Admissions to Hospitals in the Edinburgh Area from 1st January to 31st December 1969

Hospital	Total Number of Emergency Admissions (Sec. 31)	Emergency to Informal	Emergency to Formal (Sec. 24)	Formal Admissions (Sec. 24)	Part V (Sec. 55) etc.
Royal Edinburgh	159	*106	*37	5	11
Bangour ..	49	33	16	3	5
Rosslynlee ..	8	8	—	—	1
Total ..	216	147	53	8	17

\* 15 of the emergency cases were discharged and 1 died before expiration of order.



Informal admissions have also shown a decline, from 2,546 (1968) to 2,405. This reduction is largely confined to the Royal Edinburgh Hospital which until now has consistently shown an increase in informal admissions.

TABLE II  
Informal Admissions

Hospital	Male	Female	Total
Royal Edinburgh .. ..	858	1,155	2,013
Bangour .. .. .	148	191	339
Rosslynlee .. .. .	24	29	53
Total ..	1,030	1,375	2,405

### Hostel, 65 Northumberland Street

There were 19 admissions and 2 re-admissions during the year. Of these admissions 11 were from psychiatric hospitals and 10 were from lodgings or their own homes.

19 residents were discharged from the hostel and returned to lodgings or their own home, while 2 were re-admitted to hospital and 3 absconded.

During the year staffing difficulties developed because of illness and holidays. An appeal for help was made to the hospitals and the position was relieved by the assistance received from the Royal Edinburgh Hospital.

It was also decided that there was a need to link the hostel more closely to the hospital. A small *ad hoc* meeting was therefore arranged between representatives of the services concerned. This group is now responsible for considering applications for admission as well as for reviewing regularly the progress of the residents. This arrangement should continue within the new Social Work administration.

### Colinton Mains Farmhouse Group Home

This small group home continues to operate successfully and has encouraged the hospitals to establish similar provision for some of their chronic patients.

### Social Clubs for Mentally Ill Patients

Wilkie House continues to provide the venue for these clubs. The Tuesday Club has about 18 to 20 members and meets from 2.30 to 4.30 p.m. The Wednesday Club for discharged patients has 16 regular members who represent all the hospitals serving Edinburgh and the Thursday Club for pre-discharged patients is now reduced to 7. The Club for adolescent patients meets on a Thursday evening with 9 patients and a number of student helper-members. The cost of these clubs is shared by the Regional Board and the Corporation.



## Information Centre for Alcoholics and Relatives

In June 1968 the Edinburgh branch of the National Council on Alcoholism was formed and soon afterwards an information centre was opened in 9a Picardy Place. Unfortunately these premises had to be vacated and the centre is now conveniently situated at 27 Castle Street.

## Medical Co-ordinating Advisory Committee for Mental Health Services

This committee has provided a useful forum for discussion of problems and new plans. Among the subjects discussed in detail were the problems of the young chronic sick, psycho-geriatrics and hospital records.

## MENTAL HANDICAP

### Residential Services

The following table gives the comparative figures for various categories in 1968 and 1969:—

TABLE III

### Mentally Handicapped persons admitted to hospital or receiving formal or informal supervision

	Males		Females		Total	
	1968	1969	1968	1969	1968	1969
1. Cases admitted to Hospital:—						
(a) formal admissions .. .. .	3	2	1	4	4	6
(b) informal admissions .. .. .	20	36	24	25	44	61
2. New cases received into guardianship .. .. .	—	—	—	—	—	—
3. Removed from guardianship (i.e. discharge following review) .. .. .	—	—	1	—	1	—
4. Removal by death .. .. .	1	—	—	—	1	—
5. Patients under formal guardianship at 31.12.69	11	10	21	19	32	29
6. Patients under informal supervision at 31.12.69	158	157	234	196	392	353

The number of admissions to hospitals increased again this year, rising from 48 in 1968 to the present level of 67, which is the highest number for 10 years. The majority of these admissions were informal. The number of mentally handicapped persons under guardianship continues to fall slowly.

### Hostel for Mentally Handicapped Adults—Eversley House

This hostel has continued its successful role in the rehabilitation of mentally handicapped male patients. There were 26 admissions and 2 re-admissions during the year; of these 14 were from Gogarburn Hospital, 4 came from lodgings or their own home, 1 from an approved school, 2 transferred from Markinch Hostel, Fife, while attending the Industrial Rehabilitation Unit, 1 from Andrew Duncan Clinic, 1 from Herdmanflatt Hospital and 2 on holiday, 1 from Carstairs State Hospital and 2 re-admitted from lodgings.

Twenty were discharged to lodgings or their own homes making a total of 71 discharges to home or lodgings since the hostel started operating in November 1963. Details of discharges and disposal of cases is given in Table IV.

TABLE IV

**Breakdown of discharges from Eversley House Hostel from November 1963 to 31st December 1969**

Discharges	Number
Home .. .. .	18
Lodgings .. .. .	53
Hospital .. .. .	3
Re-admitted to hospital .. .. .	10
Absconded .. .. .	3
Northumberland Street Hostel .. .. .	3
Markinch Hostel, Fife (attended I.R.U.) .. .. .	2
Holiday residents .. .. .	14
Approved School .. .. .	1
Borstal .. .. .	1
Total .. .. .	108

Fourteen men were resident in the hostel at 31st December 1969; 11 of them in open employment, 2 attending the Industrial Rehabilitation Unit at Granton and 1 attending Longstone Work Centre.

### Senior Training Centres for the Mentally Handicapped Adults

There is still serious concern over the waiting list for the senior training centres. The number on the waiting list at 31st December 1969 was 57. Unfortunately no action has yet been taken on the report which was submitted towards the end of 1968. If implemented the action proposed could have considerably relieved the position, although from the long-term view there is still an urgent need to plan and build a new comprehensive training centre.

Yet the provision of new buildings is not the complete answer to the problem. Unless there is an active and progressive attempt to train the mentally handicapped, industrially as well as socially, to ensure that a reasonable proportion are able to move to open employment or to the sheltered workshop, we will never have enough places in the training centres. Each year between 15 and 20 leavers from the junior centres have to be found places.

Fortunately the Longstone Work Centre has been successful in providing industrial training which has enabled 18 mentally handicapped persons to move into open employment since its inauguration in January 1966.

### Willowbrae Day Care and Residential Unit

This unit has continued to provide an excellent service to the severely handicapped children and their parents. The new facilities which were

officially opened last year have enabled better methods of training and grading than was hitherto possible. In addition, regular visits from the educational psychologist have been appreciated by the staff and have helped to ensure that no child remains in the unit if he is fit for training at a higher level.

76 children were admitted to the short-stay residential unit during the year and 50 were attending the day care centre in December 1969, compared with 58 and 54 respectively during 1968.

## HOME HELP SERVICE

Despite an even greater increase in demand for help the waiting list of patients was kept much shorter throughout the whole year. Apart from holiday periods help usually commenced within seven days of the initial visit. A high labour turnover is still a major concern but no difficulty has been experienced this year in recruiting workers as replacements.

The establishment at 31.12.69 of 323½ (full-time equivalent) comprised 19 full-time, 579 half-time and 60 part-time Home Helps. During the year 255 resignations were received, a slight drop on last year, and 245 new workers joined the service. The table below indicates the deployment of cases:—

	1968	1969
+65 years . . . .	1,775	1,967
Chronic Sick . . . .	164	146
Mental Handicapped . . . .	8	6
Problem Family . . . .	—	1
Maternity . . . .	148	105
Others . . . .	150	159
Totals	<u>2,245</u>	<u>2,384</u>

The changeover from weekly cash payment of wages to payment by Giro Account entailed a great deal of extra work with many resultant problems but as the system became familiar to the workers most of the difficulties were resolved and the benefit derived from the abolition of the Friday queue far outweighed the extra work involved.

The transfer of the Home Help Service to the new Social Work Department in November did not affect its main responsibility—the health and wellbeing of patients—and it is hoped that with the continued co-operation of colleagues in the Health Department and medical profession it will be possible to continue to provide the much needed assistance in the fields of both health and welfare.

## CERVICAL CYTOLOGY

The number of cervical smears taken at the two clinics during the year was 1,684, of which eight were recalled for further investigation. The breakdown of the findings by age groups is shown as follows:—

		<i>Under</i> 20 yrs.	20-24	25-29	30-34	35-39	40-44	45-49	50+
Recalled . . . . .		—	—	1	2	3	2	—	—
Negative . . . . .		3	79	217	382	369	252	219	155



SECTION V

**HEALTH EDUCATION AND RESEARCH**

## HEALTH EDUCATION AND RESEARCH

Whether or not we see ourselves so, we are all health educators and the amount of health education given daily to individuals by workers from every section of the department can never be assessed. Yet because this incidental teaching fulfils the prime requirements of effective health education by having absolute relevance for the individual, it has great impact and its value must never be overshadowed by the more structured and formal approaches reported.

### General Health Education

The health education centre at 25 Castle Terrace is now well-established and its many facilities regularly used by many teachers, student teachers and student health visitors as well as by health educators of our own staff.

The centre's exhibition illustrating the three major health problems of alcoholism, cigarette smoking and drug addiction was opened on 9th May and by the end of the year 553 people had signed the visitors' book. This is far from representing the total and it is of interest that several who preferred to remain anonymous revealed by their questions that they were personally deeply involved in the problems of drug addiction. Groups of school children, student teachers, student nurses and student nursery nurses have also attended. A programme of visits by 37 groups of secondary school pupils has already been arranged for early 1970, when the tour of the exhibition will be reinforced by a talk in the lecture room.

The lecture room was completed this year and promises to be in great demand. It has already been used for a course of lectures for the Duke of Edinburgh Award.

A new exhibition on nutrition, with special emphasis on the dangers of obesity, has now been prepared for erection in the hall of the centre.

Public health education promoted by the staff of the centre also included:—

Pegboard and posterboard displays on various health themes were prepared for circulation to child welfare clinics. Small demonstration stands were made to illustrate dental hygiene lectures.

The organisers of Disabled Week 1969 decided to concentrate their activities in the Pilton area where an exhibition was arranged in the community centre. The health education section provided a home safety exhibit, posters and leaflets were made available, and appropriate films shown each evening.

A comprehensive range of health talks to many groups was organised during the winter months, with speakers from many sections of the department. 125 meetings were held, with a total audience of 5,517. An encouraging sign is that these included many parents' groups seeking advice on different aspects of child care.

Following the usual practice, a Christmas home safety poster was designed for display on the city transport.



Senior pupils discussing the hazards of smoking, alcohol and drugs.



Entrance Hall of the Health Education Centre at Castle Terrace.





Mothercraft class at the Health Education Centre.



Geriatric Clinic at Clermiston.



Dr Hawthorne lecturing at a general staff meeting at Springwell House.



Chiropody Clinic, Springwell House.





## **Health Education in Schools**

Individual advice to mother and child, and group work continue in every school as and when the occasion arises, and such teaching and counselling can never be replaced by any general programme.

### **Primary Schools**

In the session 1968/69, health education based on the local working party's recommendations, was promoted in several primary schools after a very successful first conference of headmasters and teachers.

In August the total scheme of health and social education, with guidelines for teachers, was completed by the working party (which included two senior medical officers, and a health visitor) and its implementation with parents as well as school staff proceeds with growing enthusiasm. The introduction of the scheme into the primary schools is phased.

### **Secondary Schools**

During the school year the cadre of eleven health visitors held health education sessions in fifteen secondary schools. Useful and practical instruction in baby care was given to third year girls, and topics included general health and major health hazards to other pupils too. However, work was almost entirely with those pupils who are early leavers and in all but three schools has been with girls only. It is hoped that this will be extended to include a wider variety of health subjects for all pupils.

Two school medical officers presented comprehensive plans of personal health to all first year pupils and many leavers-groups in one school; and to first and second year pupils in the other. Parents of first year pupils were met and enthusiastically supported the concept and content of these courses. Their need is very real but they are seen essentially as pilot schemes for a more general plan for every school. There is everywhere keen awareness of the existing serious ignorance of basic health knowledge, and evidence of welcome activity from many disciplines to correct this.

Early in 1969 a working party was set up by the Director of Education to formulate a plan of health and social education in secondary schools. This panel has already held eight meetings and many group meetings to consider aspects and also the special problems of such a programme in secondary school.

### **Health Education Consultancy Service**

In August, Dr. L. M. Watson was appointed senior medical officer for health education. During an assessment period contact has been made with several general practitioners and with health educators already active in every section of our department to identify priority areas for the health programme and resources available to deal with them.

Appreciating that the health education approach today is multidisciplinary, the aim is to produce a total plan which will include staff seminars, integrate fully with workers from other disciplines, and hence provide a consultancy service available to every section of the city's community. Evaluation will be carried out where feasible and useful.

This is a long-term plan, but already advice and assistance with programmes has been given to those responsible for a very wide variety of audiences. There has been close liaison with the City Education Department and the Scottish Council for Health Education. In the future it is intended to concentrate the approach intensively to potential health educators in training, and selectively to target groups of the community who are most receptive to health information related to their actual health problems, needs and concerns.

### **Research Project**

"Has the programme been effective" is the question continually asked by the critical health educator. But evaluation, though necessary, is complex and time-taking.

The first part of an interesting exercise in evaluation has been completed in a residential unit of over a hundred teenage boys. Before and after questionnaires will measure how effective a structured programme can be for a captive and disciplined audience.

Initially invited to give one didactically informative lecture on reproduction, the senior medical officer convinced the supervisor that a more general and balanced programme is always advisable. Accordingly a comprehensive programme of personal health was designed to include general physical and mental health, sociology, family life, and modern health hazards.

To ensure necessary repetition with the broad basis of a multidisciplinary approach, it was agreed that along with the medical officer's lectures, all topics would be presented and integrated by the unit's total staff, then reinforced by group discussion, and also a variety of films and other visual aids.

Before the programme commenced, some of these four aspects were measured and analysis reveals a very serious ignorance of everyday health knowledge in boys who have completed the minimum years of schooling.

The study will be completed in 1970 and results should be of very practical value in future programme planning for schools and further education establishments.

### **Staff Meetings**

During the year, nine staff meetings were held with specialists who spoke with great insight on their subjects. These stimulating seminars provide vital opportunities for refreshing and renewing many important clinical, preventive and epidemiological aspects of the work of health visitors and medical officers.

### **News Bulletin**

The news sheet published thrice yearly proves a very successful means of communication between the many sections of the department, giving the overall picture of work and objectives of each section as well as changes within them.

## SECTION VI

### **CONTROL OF INFECTION**

- (a)* Infectious Diseases
- (b)* Tuberculosis
- (c)* Venereal Diseases
- (d)* Bacteriological Services
- (e)* Immunisation and Vaccination
- (f)* Port Health Supervision

## INFECTIOUS DISEASES

A total of 5,163 cases of infectious diseases including tuberculosis was notified during 1969, an increase of 773 over 1968.

On 14th July 1969 there was a change of arrangements for the bacteriological services provided for general practitioners and for the health department. Prior to this the Bacteriology Department of Edinburgh University had carried out all the necessary examinations. As from this date the Central Microbiological Laboratories, Western General Hospital, have undertaken all the bacteriology for the health department and for the general practitioners in the north side of the city. The general practitioners in the south of the city continue as before to refer specimens to the University Bacteriology Department.

The excellent relations which existed between the section and the Bacteriology Department of the University of Edinburgh have continued under the new arrangements, with the staff of the Central Microbiological Laboratories whose work and advice in our investigations have been of inestimable value.

On page 112 the notifications of infectious diseases are shown by age-group and sex.

### ENTERIC INFECTIONS

#### A. Typhoid Fever

One case was notified—a girl of 10 years of age, the *Salmonella typhi* being of phage type K1.

In 1968 there were four cases.

#### B. Paratyphoid B Fever

There was one case notified—a male of 32 years of age who was found to be excreting *Salmonella paratyphoid B* of phage type 3a.

There were six cases in 1968.

### FOOD POISONING

There was no major outbreak and there was a reduction in the number affected from 250 in 1968 to 151 in 1969, grouped according to the causative organisms:—

- A. *Salmonellae*—75 cases.
- B. *Staphylococcus aureus*—no cases reported.
- C. *Clostridium welchii*, heat resistant—27 cases.
- D. Others—organisms not isolated—49 cases.



## Salmonellae

Of the 75 cases, 35 were caused by *Salmonella typhimurium* of various phage types.

The remaining 40 cases included 19 different types of *Salmonellae*. No particular type of *Salmonella* was predominant in this group.

## *Clostridium welchii*—heat resistant

Of the 27 cases, 26 occurred in an institution in which there were 45 residents including staff. Lunch was suspect. It was considered that the roast mutton had been undercooked, left in the kitchen overnight and not cooled off properly.

The 27th case was sporadic.

## BACILLARY DYSENTERY

There were 1,425 cases (493 in 1968; 1,038 in 1967) of whom 534, representing 37%, occurred in children of 1 year and under 5 years of age, the highest incidence being in June (250 cases), September (153) and October (196).

These 1,425 notifications included:—

- (a) 1,325 due to *Shigella sonnei*.
- (b) 92 due to *Shigella flexneri*.
- (c) 8 of clinical dysentery.

## Flexner Dysentery (92 cases)

In the last few years there have been few cases notified (5 in 1965; 2 in 1966; 1 in 1967; 7 in 1968) and most had links with Glasgow, 1969 being no exception.

In April, May and June no cases came to the notice of the department but from July until the end of the year there were further notifications, the early ones having some association with Glasgow.

## MEASLES

There were 2,531 cases notified of whom 2,151 (85%) related to January, February and March, this being a continuation of an outbreak which had commenced in 1968.

Of these 2,531 notifications 153 (6%) referred to children under one year of age, 1,701 (67%) to the 1—4 years group and 656 (26%) to the 5—14 age group.

## INFECTIVE JAUNDICE

This condition became notifiable on 1st October 1968 and in the last three months of that year 73 cases were recorded.

In 1969 the notifications amounted to 417, of whom 216 (52%) came into the age group 5—14 years and 219 (53%) occurred in the last four months of the year.

**WHOOPING COUGH**

This year 69 cases were recorded compared to 87 in 1968.

**PNEUMONIA**

**Primary Pneumonia:** Ninety-two cases, mostly occurring in the winter months, were notified as compared to 58 in 1968.

**Influenzal Pneumonia:** There were 21 cases, this being one more than in the previous year.

## TUBERCULOSIS

In 1969 there were 222 notifications (196 pulmonary; 26 non-pulmonary). Following a drop in the incidence to the lowest annual number notified—206 in 1964—there has been a slight increase in recent years. Although the trend over the past few years has been fewer notifications it is disappointing that since 1964 the steady decline has not continued. There must be no relaxing of our endeavours to eradicate tuberculosis.

There was a decrease in the level of naturally positive 13-year-old school children to the Heaf tuberculin skin test from 6.7% in 1968 (those born in 1954) to 5.6% in 1969 (those born in 1955) this being the lowest figure so far recorded. This rate may be taken as a fairly accurate indication of the level of infection in the community. In 1954 the percentage was 30.5, 18.8 in 1957, 12.8 in 1960, 12.7 in 1963 and 9.4 in 1966. It is very encouraging that this downward trend has been maintained for it reflects the increasing efficiency in the control of tuberculosis.

In 1969 there were 12 deaths in Edinburgh due to tuberculosis.

As in the past there has been close co-operation between the chest physicians, the radiologist, the public health medical officers, the five specialist health visitors, the nurses at the Royal Victoria Dispensary and the clerical staff. The weekly review of cases and the quarterly meeting of medical staff to discuss tuberculosis problems continue at the Royal Victoria Dispensary.

### Respiratory Tuberculosis

There were 196 new cases of respiratory tuberculosis notified (138 males, 58 females) this being 6 more than in 1968 and 25 more than in 1967 when the lowest number of cases was notified (171).

The highest numbers in males were in the 55-64 (31=22.7%), the 45-54 (28=20%), and the 65 years and over groups (26=19%) these representing 61% of the total male notifications

Of the 58 females notified the highest figures were in the 45-54 years (12=21%) and the 25-34 years groups (11=19%) giving 40% of the female notifications.

There were 8 deaths due to respiratory tuberculosis—all males and 3 due to late effects of tuberculosis.

The number of names on the respiratory tuberculosis register at 31st December 1969 was 2,552 (1,438 males; 1,114 females). This is a decrease from the corresponding dates in 1968 (2,765—1,545 males; 1,220 females) and 1967 (2,922—1,625 males; 1,297 females).

### Non-Respiratory Tuberculosis

There were 26 notifications (11 males; 15 females) compared with 39 in 1968.

Involvement of the lymphatic glands was responsible for 14 cases (1 male; 13 females) representing 54% of the total. The next most frequent site was the genito-urinary organs (6 males).

There was one death (a female) due to non-respiratory tuberculosis.

On 31st December 1969 there were 487 names on the non-respiratory tuberculosis register (191 males; 296 females).

## DEPARTMENT OF VENEREAL DISEASES

## REPORT BY THE PHYSICIAN-IN-CHARGE

Gonorrhoea has shown a marked increase in incidence this year and the total work of the department has expanded to such an extent that strain has been put on the facilities provided. During the period April—September, in particular, clinics became particularly heavy and shortage of medical staff during holiday periods tended to produce delays in attending to outpatients. If the increases seen this year are continued then additional means will have to be provided.

TABLE I

	NEW CASES 1967			NEW CASES 1968			NEW CASES 1969		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Syphilis .. ..	50	27	77	30	28	58	31	26	57
Gonorrhoea .. ..	380	182	562	361	221	582	460	264	724
Non-specific .. ..	819	1,195	2,014	888	1,179	2,067	1,926	1,331	3,257
Non-venereal .. ..	429	228	657	426	271	697	490	467	954
TOTAL ..	1,678	1,632	3,310	1,705	1,699	3,404	2,907	2,085	4,992

The non-specific totals given in Table I include cases from ante-natal clinics where many patients attend our clinics for the investigation and treatment of vaginal discharges occurring in pregnancy. In many cases infections were due to *Monilia* or *Trichomonas vaginalis*. This department is well suited to dealing with infections of the genitals whether or not they are related directly to sexual contact. This area of medicine is important as infections of this kind often cause anxiety to the patient.

## REFERRALS

Patients can usually be seen as outpatients without appointments as it is common for some to have difficulties in making and keeping appointments, particularly when re-attendances are necessary. Some also dislike the discipline of too rigid a system. Patients may be referred by other doctors but may attend on their own. If help is required again then patients tend to come direct to the clinic. The methods of referral for females during 1969 are given in Table II.

TABLE II

Method referral (females)	New Patients (%)	Returned patients (%)	Total (%)
Attended on own account .. .. .	35.2	67.2	44.3
Advised by contact tracing .. .. .	33.5	17.6	29.1
Referral by patient's own doctor .. .. .	23.7	7.2	18.9
Unmarried Mother's Home .. .. .	1.5	0.0	1.2
Remand Home .. .. .	3.4	0.0	2.5
Approved School A .. .. .	2.2	5.8	0.9
Approved School C .. .. .	0.4	2.2	3.2
H.M. Prison .. .. .	0.1	0.0	0.1
TOTAL ..	100	100	100

## SYPHILIS

Syphilis, potentially the most menacing venereal disease, has not increased in incidence and it has appeared in its early infectious form only sporadically. Four early infectious cases have been seen in males and four in females. In three of the four males the disease appears to have been contracted in the Far East. In the case of females only one was contracted overseas, though one was the wife of a male patient who acquired his infection overseas.

## GONORRHOEA

There has been a substantial increase in the numbers of cases of gonorrhoea, 724 cases being reported this year compared with 582 last year. This was made up by a 27.8% increase in infections in males and a 19.7% increase in females. This increase began to be noticed in April and a decline did not occur until October. At times the pressures on the out-patient arrangements were excessive and at one time it seemed that a rigid appointment system, unsatisfactory in many ways for the patient, might have to be enforced. In dealing with patients, particularly females, it is not possible to carry out the work in a hurried manner. Preliminary results of microscopical examinations require to be available before the patient leaves. Technical facilities in the department are limited and it is hoped that in the future more help will be made available.

### Penicillin resistant strains of *Neisseria gonorrhoeae*

Over recent years this department has gradually added to the burden of the Bacteriology service, additional work which has not been solely due to increase in the number of patients. In connection with male patients, for example, diagnostic procedures have changed. It has now become a routine to send cultures, taken directly from the patient, in all cases with urethritis, obviously gonococcal or not. The present needs and problems are summarized as follows:—

1. An accurate diagnosis requires to be made as rapidly as possible so that the result is available and treatment given before the patient leaves the clinic.



2. During the early 1960's tests of cure in females depended upon repeated slide examinations but now three negative cultures are deemed desirable during the test of cure period.
3. At the ante-natal clinics a culture has been taken from each patient attending the clinic for vaginal discharges. The numbers attending these clinics vary from 5.1% of all ante-natal cases attending one hospital to 12.3% attending another.
4. Though strains of *N. gonorrhoeae* relatively resistant to penicillin are not uncommon there does not appear to have been any recent increase in their incidence and outpatient treatment of gonorrhoea is still generally possible. The results of laboratory findings are summarized in Table III.

TABLE III

Year	"Diagnoses" of Gonorrhoea by Microscopy	Percentage in which culture was attempted	Percentage in which <i>Neisseria</i> were grown (medium used)	<i>Neisseria</i> cultured. Percentage in which identification as <i>N. gonorrhoeae</i> proven	Percentage sensitive to Penicillin
1961	319	34	69 (heated blood agar)	71	89
1962	336	40	69 (heated blood agar)	72	60
1969	100 (sample)	100	89 (Thayer & Martin)	99	77

## GENITAL WARTS

Genital warts caused by virus and spread by sexual contact are becoming common. At an early stage they are readily treated but if neglected they can be troublesome and recurrences cause distress. Totals since 1967 are shown in Table IV.

TABLE IV

Year	Genital Warts Nos. of Cases (R.I.E.)		
	Male	Female	Total
1967	106	34	140
1968	126	80	206
1969	149	88	237

## GENITAL HERPES

Herpesvirus infections of the genital area can cause unpleasantly painful ulcers from which the virus can be isolated. This virus can be transmitted sexually and it is not uncommon. Isolations in tissue culture have been made in 9 cases in females and in 7 cases in males. In some instances culture is not successful but a diagnosis may be made from a rise in titre of antibody in the blood. In five of our cases the clinical diagnosis was confirmed by this means.

## TRICHOMONAS VAGINALIS

In females this protozoal parasite often causes a troublesome and unpleasant vaginal discharge. During 1969 out of a total of 1,079 female patients a diagnosis of trichomoniasis was made in 323 (30%). This figure is likely to be too high as overdiagnosis in doubtful cases tends to occur. The organism is very common and may be found in association with gonococcal infections. In females the diagnosis is usually easy though the population of organisms declines at times. In males diagnosis requires special facilities and a very careful technique.

## CONTACT TRACING

In the majority of cases males who develop gonorrhoea have an obvious and unpleasant purulent urethral discharge which brings them to seek help. In females the infection is frequently inapparent or asymptomatic so it is an essential part of our work to try to ensure that the sexual contacts of patients are treated. Contact tracing to be successful depends upon the patient's trust in the confidentiality of the process, the patient's sense of consideration of others and possibly deeper cultural attitudes of the person concerned.

The table (Table V) shows that the major difficulty is the high proportion of cases in which the male with gonorrhoea was unable to give us sufficient information to enable us to ensure that his consort received treatment. This year, of 408 females acknowledged, 57% were unknown (1968 51% unknown) and therefore untraceable. Casual sexual contacts continue to be the major factor which limits the possibilities of controlling the spread of this disease.

TABLE V

Cases of active gonorrhoea in males	PRIMARY CONTACTS (females)						SECONDARY CONTACTS (females)	
396	408						101	
	Unknown 231 (57%)			Known 177 (43%)			Wives	Others
	Edinburgh	U.K.	Abroad	Edinburgh	U.K.	Abroad		
	127 (55%)	86 (37%)	18 (8%)	149 (84%)	24 (14%)	4 (2%)	84	17
	None attended			Nos. attending 91%			98 (98%) attended	
				140 (94%)	22 (92%)	0		

In the case of males 101 (39%) of those with gonorrhoea involved also wives, fiancées or others with whom they had more than a casual relationship, compared with 69 during 1968. Spread of infection to such could be limited if the male abstained from intercourse for a fortnight after a casual intercourse.

Contact tracing among homosexual males is difficult as many only know their male consorts casually or they may not care to admit a homosexual relationship, when they present to the hospital. Gonococcal proctitis is often asymptomatic.

## CONTRACEPTION

In a survey during 1968 it was noted that 81% of unmarried females attending a clinic used no contraceptive technique whatever. During 1969 in a sample of 160 unmarried females it was noted that 58% used no contraceptive; 19% used an oral contraceptive pill (9% in 1968); 14% left the matter to the partner who used a sheath; in 8% the partner practised *coitus interruptus*; and 2% used a diaphragm.

There are signs that oral contraception is being taken up more widely but in a high proportion any form of contraception is still being neglected. There is a strong case for providing instruction in these matters to all young people and this type of education should not be restricted to those who leave school late. Some form of health education should be incorporated into apprenticeship and other forms of formal and informal training.

## CUSTODIAL INSTITUTIONS

A substantial proportion of the work of the main clinic in Edinburgh continues to be the attention required to ensure that adolescent girls committed to institutions are free from sexually transmissible infection. This year 79 girls were referred either on first admission to such institutions or on readmission after absconding or after an absence for some other reason. Of these 23 (29.1%) had *Trichomonas vaginalis* infections, a common cause of vaginal discharge, and 3 (3.8%) had gonorrhoea proven on culture. A further one case required management and follow up for previously treated gonococcal infection. Genital warts were found in 4 (5.1%). More attention is required to ensure continued medical care in promiscuous girls and particularly to encourage them to seek help on their own initiative.

## RESEARCH

The Scottish Home & Health Department continue to give welcome support to a research project concerned with Trichomoniasis. Work has been done on the epidemiology of this infection and of gonorrhoea in Edinburgh and results should be available soon. Improvements have been made in the technique of isolating the organism *Trichomonas vaginalis* but the main theme of the work concerns the immunological aspects of this infection. Identification of the parasite is generally simple in the females though at times the population of organisms decline. In males diagnosis requires special facilities and very careful technique.

TABLE VI

Year	South Eastern Region		Scotland	
	Total New Cases of V.D.	Percentage of Population of Region	Total New Cases of V.D.	Percentage of Population of Country
1960	2,550	0.22	6,952	0.13
1961	2,646	0.23	7,313	0.14
1962	3,027	0.26	7,663	0.15
1963	2,777	0.24	7,557	0.15
1964	2,544	0.22	7,318	0.14
1965	2,706	0.23	8,149	0.16
1966	2,601	0.22	8,722	0.17
1967	2,941	0.25	9,918	0.19
1968	3,087	0.26	10,703	0.21
1969	3,477	0.30	11,980	0.23

## CONTROL OF SEXUALLY TRANSMISSIBLE DISEASE

Treatment of most sexually transmissible infections is very efficient though this efficiency is reduced by the patients' need for treatment as an outpatient. Casual sexual relationships remain the most prominent difficulty and unhappy girls who find it difficult to fit into modern acquisitive society can constitute a reservoir of infection that is difficult to reach. It is a challenge to those in the Health Service to develop measures which will bring its benefits to those who appear to be beyond reach at the present time.

## BACTERIOLOGICAL SERVICES

## REPORT BY THE BACTERIOLOGIST-IN-CHARGE

REPORT ON SPECIMENS FROM THE CITY OF EDINBURGH  
EXAMINED BACTERIOLOGICALLY IN 1969

The total number of specimens examined was smaller than in 1968 but the substantial decrease in the annual total expected from the diversion to the Central Microbiological Laboratories at the Western General Hospital of the work coming from the Public Health Department and from practitioners in the north of the city after July 1969 did not occur. This was because the decrease in numbers in the second half of the year only just compensated for the 25% increase over 1968 in the first half of the year. Subsequent reallocation of responsibilities should reduce the number of Specimens submitted to the Laboratory in 1970 to near the planned level of 15,000.

There were no major bacterial epidemics during 1969. There was however a considerable increase in the amount of Sonne dysentery in Edinburgh as a whole between Easter and early June and one small incident of *C. welchii* food poisoning in a girls' school. Salmonella infections have been less common than in previous years and no incidents of staphylococcal food poisoning were demonstrated.

Apart from two groups of cases of streptococcal tonsillitis in residential institutions, there were no other matters of epidemiological importance to record.

From the 120 specimens sent in for examination for Mb. tuberculosis during the year, the organism was isolated only once. No *C. diphtheriae* was isolated from any specimen.

## SPECIMENS EXAMINED IN 1968 AND 1969

	1968	1969
Faeces and other specimens for enteric pathogens ..	6,619	6,199
Urine .. .. .	10,135	10,271
Nose and Throat Swabs .. .. .	3,838	3,426
Sputum, pus and other specimens .. .. .	3,200	2,821
Specimens for acid-fast bacilli .. .. .	129	120
Food .. .. .	360	119
Sera .. .. .	1,430	1,112
Total .. .. .	<u>25,711</u>	<u>24,068</u>



The Public Health department of the Central Microbiological Laboratories examined during 1969 the following numbers of specimens:—

Egg	..	..	..	..	..	72
Milk	..	..	..	..	..	554
Water	..	..	..	..	..	434
Ice cream..	..	..	..	..	..	201
Miscellaneous	..	..	..	..	..	28
Total						<u>1,289</u>

These were routine examinations designed to confirm the bacteriological purity standards of the products and no untoward results were forthcoming. It is anticipated that apart from the gradual increase in the number of such specimens to be examined, that in future there will be some increase in the amount of waters examined owing to the increased interest in standards of supply at the domestic users end, and that there will be a more intensive survey of food bacteriology to maintain standards in this field.

On July 14, 1969 there was an administrative change and bacteriology previously carried out for the Local Authority at the University Laboratories was transferred to these laboratories. As a result of this transfer some 3,723 enteric specimens were examined on behalf of the Local Authority between July 14 and December 31 corresponding to an annual rate of approximately 7,500. This figure must be taken in context with the number of similar specimens submitted by general practitioners since the majority of these enteric specimens are from contacts of cases diagnosed by the general practitioner. Approximately the same number of enteric specimens was submitted from general practitioners in the area served by this laboratory during this period but of course general practitioners in other parts of the city not served would submit their specimens to the University Department. During the early part of the autumn there appeared to be an increase in the incidence of *Shigella* dysentery and this has probably inflated the above figure to a higher level than would be expected during the normal year, although there is a tendency for a larger number of specimens to be submitted for diagnosis from general practitioners.

A feature of intestinal flux during the past year in Edinburgh has been the rapid rise in the number of *Shigella flexneri* infections hitherto not seen in Edinburgh for many years. This is an epidemiological problem which deserves some scrutiny and it is to be hoped that steps can be taken to confine and if possible eliminate these foci in future.

A small number of other bacteriological specimens was examined after submission from Medical Officers of Health amounting to 200 in all.

Total number of specimens examined: 5,212.

## IMMUNISATION AND VACCINATION

The Saturday morning vaccination clinics have been discontinued, the last session being held on 26th April, 1969. This has brought the department into line with other centres.

Yellow Fever vaccine continues to be given by appointment on Monday and Wednesday afternoons. At these times too, plague and typhus vaccine is given also by appointment. As immunisation against these two diseases is seldom requested, it was decided to continue offering these vaccines to save the general practitioners obtaining the necessary stocks when required.

The usual immunisation procedures, for example, against smallpox and enteric fevers, are now undertaken by the family doctors.

There has been no change in the procedure for the immunisation of infants and children following the alterations of October, 1968, which were recommended by the Scottish Home and Health Department.

### IMMUNISATION AGAINST INFLUENZA

As in former years anti-influenza vaccine was offered to members of the staff, a considerable number of whom availed themselves of the offer.

### PERSONS PROCEEDING OVERSEAS

The following protective vaccinations were given to persons proceeding abroad:

Smallpox	..	..	..	..	1,576
Typhoid and Paratyphoid	..	..	..	..	481
Cholera	..	..	..	..	246
Typhus . .	..	..	..	..	81
Tetanus	..	..	..	..	56
Other . .	..	..	..	..	23
Yellow Fever	..	..	..	..	1,669
					<hr/> 4,132 <hr/>

No. of persons protected — 3,448

## PORT HEALTH SUPERVISION

The medical inspection duties at the Port of Leith were continued as in previous years in co-operation with the port sanitary inspectors and the immigration and customs officers. Medical inspection of immigrants in accordance with the Aliens Orders was carried out weekly from April until October and less frequently during the rest of the year. Immigrants referred to the medical officers were issued with a multilingual card giving instructions as to medical care while in Great Britain. In each case the medical officers of health in the various areas where the immigrants were to reside were informed.

Shipping from infected ports did not cause trouble as most had a "clean" Maritime Declaration of Health signed by the Master and were in most cases outwith the incubation period of the relevant diseases.

Checks were made on international certificates of vaccination and in some ships men were found whose certificates of vaccination against smallpox were outdated or who did not possess such certificates. Arrangements were made for the vaccinations to be carried out.

Two visits were paid to Granton Harbour during the year: no visit was required to Turnhouse Airport.

With the redevelopment of Leith docks, cruise liners are now using the port which in consequence handles an increasing number of passengers. In 1968, 8,048 passengers disembarked at Leith and 7,748 embarked. The corresponding figures for 1969 were 11,269 and 13,537 respectively.

A list of infected ports and airports is compiled weekly from information contained in the World Health Organisation Weekly Epidemiological Record. Copies of these lists are forwarded to the port sanitary inspectors, the port and airport authorities, the immigration and customs officers and to the Forth pilotage authority.

SECTION VII

**VETERINARY SERVICES**

## REPORT BY THE VETERINARY INSPECTOR

## MILK AND DAIRIES

**Milk and Dairies (Scotland) Act, 1914.**—During the year 47 visits were made to premises registered under the above Act for the purpose of supervising the cleanliness of the dairy premises, the utensils, and the methods of milk production. At December 1969, there were 6 registered dairy herds within the city boundary, and the total number of cows in those herds was approximately 215.

Under the Milk (Special Designation) (Scotland) Order, 1965, two of those premises were licensed to sell 'Premium' milk, and three licensed to sell 'Standard' milk.

**Bacteriological Examination of Milk.**—During the year 42 routine samples of milk were examined as undernoted:—

				<i>Number of Samples Taken</i>	<i>Number of Samples Failing Approved Test</i>
Premium	..	..	..	23	5
Standard	..	..	..	19	4

**Brucella Abortus Investigation.**—Six times per year samples of milk were taken from all registered producers retailing raw milk within the city, and subjected to a milk ring test for the detection of Brucella Abortus infection. All samples proved negative.

## INSPECTION OF MEAT

## The Food (Meat Inspection) (Scotland) Regulations, 1961

## The Food (Preparation and Distribution of Meat) (Scotland) Regulations, 1963

Table 1 shows the comparison between number of animals killed in the years 1968 and 1969:—

TABLE I

							1968	1969
Oxen	..	..	..	..	..	..	34,115	32,052
Bulls	..	..	..	..	..	..	204	188
Heifers	..	..	..	..	..	..	4,477	4,631
Cows	..	..	..	..	..	..	2,816	2,846
							<hr/> 41,612	<hr/> 39,717
Calves	..	..	..	..	..	..	1,868	1,592
Sheep	..	..	..	..	..	..	264,476	203,575
Swine	..	..	..	..	..	..	32,292	31,344
							<hr/> 340,248	<hr/> 276,228



Those figures indicate that there has been a reduction of 64,020 animals killed at the abattoir compared with 1968.

During the year 124 consignments of lamb, totalling 24,081 carcasses were exported to Belgium, and 10 consignments of beef portions, totalling 4,313 lbs.

With regard to the modernisation of the abattoir, a working party consisting of Councillors and Corporation Officials together with representatives of the meat trade had several meetings, but very little progress has been made. This is due largely to the restriction on capital expenditure, and to the fact that there are some 150 users of the abattoir who cannot agree as to the best method of slaughter to be adopted, also to the fact that the majority of the slaughtermen wish to remain self-employed people.

**Carcases and Offal Condemned in the Abattoir.**—Carcases partially or wholly condemned in the city abattoir weighed 68·991 tons. To this there falls to be added 78·46 tons (weight estimated) of condemned offal, making a total of 147·45 tons.

**Meat Inspection Statistics.**—A study of Table III indicates that the incidence of tuberculosis in cattle was 0·13%, but in 17 cases the lesions were solely confined to the mesenteric glands and could have been associated with avian type tubercle bacillus; therefore the actual incidence could really be lower. One disturbing feature has been the marked increase in advanced cases of pneumonia in intensively reared cattle—9 whole and 16 partial carcasses were condemned in 1969 compared with 4 and 13 respectively in 1968. The number of tumours still remains very constant and obviously modern husbandry techniques do not seem to be having any effect on their incidence. Attention must be drawn to the lower seizure rate—down 8%—of cattle livers for liver fluke. This may be associated with the dry summer, which controls the snail population (necessary for the parasite to complete its life cycle), or to the increased efficiency of modern drugs but as the incidence in sheep has not fallen it may simply be due to the reduction in the number of Irish cattle slaughtered—the latter usually being very heavily infested. With regard to *Cysticercus bovis*, the incidence was 0·23%—only for the second time in fifteen years were no cases of generalized infestation found. In pigs almost half the weight of pork seized was associated with pyogenic infection as a result of wound contamination, usually of tail or feet. With regard to sheep, arthritis, with over a thousand cases must be regarded as a major cause of loss. In the lamb it is associated with Erysipelothrix infection, but in older sheep, in which the elbow joint is most commonly involved the cause is unknown. Twenty-five cases of Jaagieckte occurred, mainly affecting the half-bred sheep.

TABLE II

CATTLE (39,717)				PIGS (31,344)				SHEEP (203,575)						
Abnormality	No. of Cases	Total	Partial	Weight in lbs.	Abnormality	No. of Cases	Total	Partial	Weight in lbs.	Abnormality	No. of Cases	Total	Partial	Weight in lbs.
Emaciation/Oedema ..	23	23	—	6,127	Abscess ..	849	159	690	30,008	Emaciation/Oedema	429	379	50	14,050
Bruising ..	97	2	95	4,834	Peritonitis ..	183	18	165	2,176	Septic Pneumonia	..	..	..	..
Tumour ..	12	6	6	3,268	Pneumonia/Pleurisy	156	41	115	4,956	Pleurisy ..	413	63	350	9,610
Tuberculosis ..	10	—	10	579	Arthritis ..	482	19	463	6,526	Arthritis ..	1,047	35	1,012	5,978
Hepatic Abscess ..	11	1	10	852	Septic Metritis ..	9	8	1	2,161	Pyæmia ..	32	32	—	1,184
Peritonitis ..	26	6	20	3,275	Bruising ..	260	—	260	4,531	Septic Metritis	37	15	22	1,129
Actinobacillosis ..	27	2	25	1,290	Emaciation/Oedema	41	35	6	4,494	Fever ..	56	56	..	..
Abscess ..	43	7	36	3,653	Fever/Gangrene ..	37	37	—	6,213	Peritonitis ..	142	21	121	1,718
Nephritis ..	8	4	4	1,760	Enteritis ..	9	6	3	1,150	Tumour ..	40	31	9	1,587
Septic Metritis ..	8	5	3	2,605	Nephritis ..	7	3	4	629	Mastitis ..	127	5	122	925
Pneumonia ..	25	9	16	3,830	Fracture ..	49	—	49	936	Bruising ..	144	15	129	1,386
Mastitis ..	13	2	11	1,153	Erysipelas ..	2	2	—	253	Jaundice ..	5	5	—	190
Toxaemia/Septicaemia	14	14	—	6,054	Tumour ..	5	4	1	436	Hernia ..	62	—	62	231
Arthritis ..	21	—	21	677	Hernia ..	34	—	34	142	Adenomatosis	21	3	18	301
Fracture ..	18	—	18	776	Hemaphrodite	15	—	15	75	Nephritis ..	11	10	1	585
Jaundice ..	2	2	—	975	Pericarditis ..	1	1	—	73	Fracture ..	29	—	29	149
					Machine Damage ..	77	1	76	469	Blood Splashing	7	—	7	43
										Abnormal Odour	6	6	—	183
										Abscess ..	324	—	324	3,120

TABLE III

## Incidence in Cattle

Year	Tuberculosis (%)	Actinobacillosis (%)	Cysticercus Bovis (%)	Liver Abscess (%)	Liver Cirrhosis (Fluke) (%)
1955	6.22	0.82	0.82	2.42	13.1
1961	0.38	0.78	0.446	3.257	21.81
1967	0.111	0.358	0.311	2.755	22.270
1969	0.130	0.327	0.231	2.676	14.177

TABLE IV

## Incidence in Tumours

	CATTLE		SHEEP		PIGS	
Year	Number Affected	Incidence (%)	Number Affected	Incidence (%)	Number Affected	Incidence (%)
1963	32	0.059	87	0.031	6	0.014
1966	17	0.039	98	0.036	8	0.020
1967	16	0.036	66	0.024	7	0.020
1968	15	0.036	63	0.023	3	0.009
1969	13	0.032	45	0.022	5	0.015

TABLE V

Number of main organs condemned in the different classes of animals at the abattoir during 1969 (excluding organs of animals totally condemned)

## LUNGS

1969	Tuberculosis	Fluke Cysts	Pneumonia and Congestion	Other Causes
Cattle	26	516	368	97
Sheep	—	1	1,204	134
Swine	—	—	1,263	258

## LIVERS

1969	Tuberculosis	Fluke	Abscesses	Cirrhosis	Other Causes
Cattle	6	5,631	1,063	1	174
Sheep	—	12,055	81	—	273
Swine	—	—	11	1,990	148

## HEADS

1969	Tuberculosis	Actino Bacillosis	Abscesses	Cysticercus Bovis	Other Causes
Cattle	13	109	48	92	14
Sheep	—	—	15	—	7
Swine	159	—	92	—	6

**Laboratory Report.**—As in previous years routine bacteriological examination of bile samples of casualty animals for the presence of food poisoning organisms has been carried out. This procedure is of value in determining judgement on such carcasses.

**Summary of Work.**—Bile samples were taken from 1,120 animals and plated out on culture media.

*Cultural Examinations—*

- 927 showed no bacterial growth
- 183 showed B. coli
- 3 showed para-colon organisms
- 2 showed salmonella
- 5 showed staphylococci

Para-colon bacilli were recovered from the bile of three pigs but the infection was confined to the gall bladder only and the carcasses were passed.

Staphylococci of a haemolytic type were isolated from the udders of four recently lambd ewes and from a valvular heart lesion in a pork pig. All were condemned.

A known salmonella excretor—a bullock—was killed in the Casualty Block and as is the custom with such animals the very strictest hygienic precautions were taken during the dressing of the carcass. *S. dublin* was isolated from the tonsil, gall bladder, and intestine but pooled samples of carcass lymph glands and muscle all proved negative. The carcass was passed but all offal was seized. The other case involving salmonella infection occurred in a pig and resulted in the carcass and offal all being condemned.

The risk of anthrax occurring in the animals at the abattoir is always a possibility and blood smears are examined microscopically whenever cases of enteritis or enlarged spleens are found on routine examination. In all 273 smears were made but all proved negative.

This year use has been made of Agaroid Sausage to give an estimate of surface contamination of carcasses. One of the wholesale meat firms has started the technique of boneing out carcasses within its depot and sealing the resulting butchers joints in a special plastic bag under vacuum and storing them at a temperature of 30°F. Bacteriological checks were made on those packs at varying times from one week to one month and results indicated that even after the latter period the meat was still of good quality.

**Livestock Markets.**—Sale of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs John Swan and Messrs Oliver and Son. Messrs Wm. Bosomworth and Sons, held their markets in the Corporation Market. The following table indicates the number of animals passing through the markets during 1967 and 1969:—

							1967	1969
Cattle	..	..	..	..	..	..	21,501	20,538
Calves	..	..	..	..	..	..	3,228	379
Sheep	..	..	..	..	..	..	211,769	228,646
Swine	..	..	..	..	..	..	13,424	12,792
							<hr/> 249,922	<hr/> 262,355

A store market is held also every Wednesday in the above mentioned markets and the following table indicates the number of animals exposed for sale in 1967 and 1969:—

							1967	1969
Cattle	..	..	..	..	..	..	18,732	22,882
Sheep	..	..	..	..	..	..	66,793	77,825
Swine	..	..	..	..	..	..	58,267	66,308
Calves	..	..	..	..	..	..	2,373	3,594
							<hr/> 146,165	<hr/> 170,609



## INSPECTION OF OTHER FOODS

## Section 9 of the Food and Drugs Act, 1956 and the Food Hygiene Regulations (Scotland) 1959

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs (Scotland) Act, 1956, is combined with the duties under the Food Hygiene Regulations, particular attention being paid to butchers' and fishmongers' shops by meat inspection staff. The following table indicates the number of visits paid to shops, etc., during 1969:—

Butchers' Shops	..	..	..	..	..	763
Fishmongers' Shops	..	..	..	..	..	370
Fish Markets	..	..	..	..	..	304
Wholesale Grocers	..	..	..	..	..	1,206
Fruit Markets/Shops	..	..	..	..	..	188
Meat Sales and Cold Stores	..	..	..	..	..	548
Restaurants	..	..	..	..	..	40
Cooking Centres/Canteens/Hospitals	..	..	..	..	..	233
Bakeries/Bakers' Shops	..	..	..	..	..	32
Householders	..	..	..	..	..	83
Manufacturing Premises	..	..	..	..	..	73
Egg Importer's Premises	..	..	..	..	..	81
Miscellaneous	..	..	..	..	..	104
						<hr/> 4,025 <hr/>

The number of complaints regarding the sale of unsound food to members of the public showed a reduction from last year and mainly involved the presence of mould on pastries, *e.g.*, pies, tarts, sausage rolls, etc. Each complaint was thoroughly investigated particularly from the point of view of stock rotation in the shop from which the article was purchased. No large outbreaks of food poisoning occurred but it is interesting to note that on several occasions, butchers on receiving complaints, from a catering establishment, that meat had gone bad after cooking called the Department in for investigations. This revealed, in the majority of cases, that the meat had been cooked in bulk the previous day and had been inefficiently cooled. In the case of fowl complaints this was generally due to the fact that the carcass had been used for soup and left in the stock overnight. A similar request was received from a fishmonger who supplied a large quantity of filleted haddock to a private school. The fish had been cooked in a large pot the previous day as it was their intention to make a fish pie. The fish had been left in this large container in the warm kitchen overnight and when examined bubbles of gas were bursting on the surface and the fish had a very offensive odour. Bacteriological examination revealed the presence of *Cl. welchii*.

During the year samples of mussels were taken from various points on the foreshore mainly between Granton and Joppa and submitted for bacteriological examination. No salmonellae were recovered. In June, information was received from the Home and Health Department that the level of toxin in mussels caused by a species of plankton (Dino-flagellate), was above the safety limit. The area affected stretched from the Forth to the Humber. All fishmongers in the city were informed of the position and the sale of mussels

stopped until September when information was received that the shellfish were free from toxin. Complaints were received from the grocery trade regarding a batch of Continental canned hams. Investigations revealed that the contents of a large percentage of the tins had a very offensive odour, and in all, 2,018 tins were returned to the country of origin. Subsequently, the factory from which the hams were produced was removed from the official list of approved establishments by the Home and Health Department (Imported Food Regulations 1968).

A further unusual incident occurred concerning the contamination of flour. This was due to vandals having broken into the storage premises of a Leith warehouse and spraying the flour with the contents of fire extinguishers—(sulphuric acid). A large quantity was affected and rendered useless.

The following foodstuffs were examined for the presence of the common food poisoning bacteria:—Fresh Meat 40; Tinned Meat 17; Fowl 8; Pies 6; Swabs 12; Frozen Foods 24; Tinned Milk 4; Rice 3; Cheeses 2; Gravy 2; Sausages 3; Mussels 39; Oyster/Prawns, etc. 5; Miscellaneous 6.

S. livingstone was recovered from a frozen chicken.

#### **The Liquid Egg (Pasteurisation) (Scotland) Regulations, 1963.—**

Under these Regulations the following consignments were examined and samples taken as shown:—

	<i>Consignments</i>	<i>Samples</i>
Dutch Egg .. .. .	37	106
Polish Egg .. .. .	21	124
Chinese Egg (ex-Glasgow) .. .	18	173

In addition periodic samples were taken under the above regulations of egg at pasteurisation plant in Leith. All the above samples passed the approved test.

Consignments of imported egg albumen, dried egg, etc., landed at the dockside were examined and samples taken for bacteriological examination for the presence of salmonellae. The following indicates the numbers involved:—

	<i>Number of Samples Taken</i>
Dutch Egg .. .. .	86
Danish Egg .. .. .	28
Chinese Egg (ex-Glasgow) .. .	32
Polish Egg .. .. .	87
German Egg .. .. .	3
Czechoslovakian Egg .. .	5

**Meat Contracts.**—129 visits were made to School Meals Centres throughout the city in order to check the quality of meat supplied by butchers. Suppliers premises were also frequently visited to ensure that a good standard of hygiene prevailed there. One of the problems dealt with was associated with the bursting of sausages during cooking which resulted in the contents being deposited in the bottom of the deep fryer. Eventually a new type of sausage skin was introduced with satisfactory results. By arrangement with the Regional Hospital Board visits were made to hospitals by inspectors of

the veterinary department in order to check the quality of meat and fish supplied by the various contractors. During the year 64 visits were made to hospitals within the city.

**Food Hygiene.**—Talks were again given on the Hygienic Handling of Food to students at Napier College who wished to obtain the certificate of the Royal Institute of Public Health and Hygiene in this subject.

**Certificates for Export.**—Certain countries require a certificate stating that animal products originating in this country are free from certain diseases. During the year 39 certificates were issued in respect of wool to Italy, 2 certificates in respect of wool to Belgium. Other countries require a certificate stating that the imported foods are sound and have been handled in a hygienic manner in this country. During the year 12 certificates were issued in respect of Smoked Salmon to Greece; 1 certificate in respect of Herring Fillets to Italy and 2 certificates in respect of Whittings to America. Four certificates were issued also in respect of exportation of porridge oats to Iran.

### Foodstuffs seized in Shops, etc.

The weight of foodstuffs seized in markets, shops and other premises in the city during 1969 was as follows:—

	<i>Weight in lbs.</i>
Tinned Soups .. .. .	7,883
Tinned Milk/Cream .. .. .	1,750 $\frac{1}{4}$
Jam .. .. .	490 $\frac{1}{2}$
Miscellaneous Vegetables .. .. .	393,059 $\frac{3}{4}$
Beef .. .. .	30,441
Meat/Tinned Meat .. .. .	11,999 $\frac{1}{4}$
Cooked Ham .. .. .	11,637
Pork .. .. .	6,864 $\frac{1}{2}$
Tinned Fruit/Fresh Fruit .. .. .	125,140
Poultry .. .. .	6,562 $\frac{3}{4}$
Fish .. .. .	5,764 $\frac{1}{4}$
Miscellaneous .. .. .	12,072
	<hr/> 613,664 <hr/>

Equal to: 273 tons 19 cwt. 16 lbs.

## PORT FOOD INSPECTION

A large variety of foodstuffs were inspected at the Port of Leith under the Imported Food (Scotland) Regulations 1968. The main countries importing food into Leith were Denmark, Holland, Poland, Cyprus and Israel and the following table indicates the commodities which were condemned, rejected or re-exported during 1969:—

	<i>Weight in lbs.</i>
Fresh Fruit .. .. .	9,861
Onions .. .. .	12,880
Potatoes .. .. .	27,552
Carrots .. .. .	30,217
Luncheon Meats .. .. .	992
Butter .. .. .	528
Rice .. .. .	112
Dried Egg Powder .. .. .	363
Lard .. .. .	140
	<hr/>
	82,645

Equal to: 36 tons 17 cwts. 3 qrs. 17 lbs.

The total diseased and unsound foodstuffs dealt with by the Department in the city during 1969 is summarised as follows:—

	<i>Weight in lbs.</i>
At Abattoir—Carcases .. .. .	154,539
Offal (weight estimated) .. .. .	175,751
In Shops, Warehouses, etc. .. .. .	613,644
At Port of Leith .. .. .	82,645
	<hr/>
	998,138

Equal to: 458 tons 6 cwts. 7 lbs.

No administrative difficulties have been encountered during the year with regard to the enforcement of the Imported Food (Scotland) Regulations 1968. The 'container' service from the public health aspect is working reasonably well but it must be emphasised that this can only be so if the authorised officer is given prompt access to the ships' manifest.

## DISEASES OF ANIMALS ACTS

These Acts confer power on the Ministry of Agriculture, Fisheries and Food to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcasses, and to control the conditions of transport of animals by land and by sea. The following diseases are subject to administrative control by means of Orders by the Ministry:—

- Anthrax
- Foot-and-Mouth Disease
- Swine Fever
- Bovine Tuberculosis and Contagious Abortion
- Fowl Pest
- Rabies
- Parasitic Mange of Horses (1948)
- Sheep Scab (1952)
- Cattle Plague or Rinderpest (1877)
- Contagious Bovine Pleuro-pneumonia (1898)
- Epizootic Lymphangitis (1906)
- Glanders and Farcy (1928)
- Sheep Pox (1866)

There have been no cases of the last seven diseases in Great Britain since the date shown against each.

Following a circular letter from the Home and Health Department in which it was stated that the police should not be employed, in large burghs, in Diseases of Animals work it was decided that all the functions under the Act should be carried out by the Veterinary Department. I should like to take this opportunity of thanking the officers of the police force for their very generous help in past years which assisted greatly in the efficient performance of the various duties which the local authority are required to carry out in this field.

**Anthrax.**—The number of cases in Great Britain increased from 211 in 1968 to 235 in 1969. Three suspect cases were reported in the city but all proved negative, following investigations.

**Foot-and-Mouth Disease.**—There were no confirmed cases of this disease in 1969.

**The Diseases of Animals (Waste Foods) Order, 1957.**—Sixteen pig feeders held licences under the above Order and periodic checks were made to the individual premises throughout the year to ensure that the installations were in proper repair and that unboiled swill was adequately protected.

**The Regulation of Movement of Swine Order, 1959.**—This Order states that no sale of pigs can be held unless it is authorised by the local authority. Messrs John Swan & Sons; Messrs Oliver & Son Ltd., of New Mart Road, Edinburgh are so authorised to hold markets and all store pigs which leave those premises do so under licence. During the year, 23,348 pigs were licensed from Swan's and 49,594 from Oliver's, necessitating the issue of 457 licences.

## IMPORTATION OF ANIMALS

**Irish Cattle.**—The Order which controls the importation of Irish Cattle provides that the cattle must be landed at ports approved for the purpose, where, on arrival, they are inspected and thereafter moved under licence; in the case of fat cattle—to a slaughterhouse, either direct or through an authorised market, and in the case of store cattle, (a) to a specially authorised market, or (b) farms or other premises where they must be detained for six days on arrival. At Gorgie Market, 8,669 Irish Cattle were received under licence from ports and 638 licences were issued authorising the movement of these cattle from the markets. 331 Irish Cattle were moved to farms in the district of the local authority, from the markets, or, direct from the ports, where they were maintained under observation during the period of detention. A total of 1,664 fat Irish cattle and 116 Irish sheep were licensed from the ports to Gorgie Abattoir.



**Sea Transport of Animals (Protection) Order, 1957.**—During the year 677 sheep; 9,308 lambs; 687 cows; 813 store cattle; 32 bulls; 256 calves; and 188 horses and ponies were landed at Leith Docks from coast-wise vessels, mainly Orkney and Shetland.

The Transit of Animals Order is similarly designed to protect animals during road and rail transport, and in addition requires the disinfection of vehicles used in the transport of livestock. The Market Committee continued to provide facilities for this work to be carried out at Gorgie Markets. During the year 2,305 vehicles were cleansed and disinfected, an average of 44 per week.

**Markets, Sales and Lair Order.**—This Order regulates many features in the construction of livestock markets and provides for cleansing and disinfection of such premises on each occasion after use. All markets at Gorgie are well constructed for efficient and relative easy disinfection. Regular supervision has been maintained and the work generally has been well done.

A total of 80 sheep were dipped in the Corporation Market in 1969.

**Dogs and Cats.**—The importation of Dogs and Cats Order of 1928 is intended to protect Great Britain against the introduction of rabies through the agency of the canine and feline animals brought from overseas. The landing of such animals is prohibited in Great Britain except under licence granted by the Ministry of Agriculture. Until December of this year, dogs and cats after landing in this country had to spend six months in quarantine, but following a case of rabies in a dog in England, (October 1969), which developed the disease after completing its period of detention, the Ministry amended the existing legislation to extend the period of quarantine to eight months.

During the year 75 dogs and 11 cats were received and detained in approved premises within the city.

**The Exotic Animals (Importation) Order, 1969.**—This Order extends the application of the Diseases of Animals Act 1950, so as to include prescribed exotic animals, (*e.g.* primates, carnivores, rodents, etc.), by imposing a general prohibition on the importation of such animals except under licence.

**Pet Animals Act, 1951.**—This Act controls the sale of pets to members of the public. Periodic visits were made to licensed pet shops in the course of the year and no contraventions of the Act were encountered. During the year 21 pet shops were licensed by the local authority.

**The Animal Boarding Establishments Act 1963.**—This Act requires the local authority to register all premises in which dogs and cats are boarded. Four kennels were registered in the city and visits were paid to supervise the conditions of the accommodation provided. A good standard of hygiene was maintained in all cases and over the year no complaints were received.

**The Riding Establishment Act, 1964.**—This Act requires the local authority to register all riding establishments. Two such establishments exist in the city in which a very high standard of husbandry is maintained.

**Farms.**—The department has continued to provide clinical services for the Regional Hospital Board farm at Roddinglaw.

**Police Stud and Dog Section.**—As in previous years regular veterinary attention was given to the police horses and dogs.

**Papers Published.**—The following paper was published during the year:—"A Case History of Psittacosis in the Dog"—Veterinary Record—19.7.69.

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I wish to express my gratitude to all members of my staff for their continued wholehearted endeavour and support and for their willingness to carry out work under the Diseases of Animals Act.

SECTION VIII

**CITY ANALYST**

## REPORT OF THE CITY ANALYST

During the year a total of 8,772 samples was analysed in the Scott-Dodd Memorial Laboratory. The Laboratory undertakes work for other Local Authorities in Scotland and for a number of Boards and similar Institutions which have their headquarters in Edinburgh. In addition work is accepted, on a fee-paying basis, from certain private commercial firms in Edinburgh and the surrounding district. During the year the number of Local Authorities which make use of the services of the Laboratory was increased to a total of 13 following the death in June of Mr. R. G. Thin who had held appointments from the Counties immediately surrounding Edinburgh. Consequently the Scott-Dodd Memorial Laboratory now serves the needs of all of the Local Authorities in the South-East of Scotland as well as those of the Northern Isles, Inverness-shire and Moray and Nairn Joint County.

The total number of samples directly attributable to the Corporation of the City of Edinburgh during the year was 6,924 which represents 78·9 per cent of the total work load. A classification of these samples is given below.

## City of Edinburgh:—

Food and Drugs (Scotland) Act	..	..	..	..	1,639
Milk Samples	..	..	..	..	646
Fertilisers and Feeding Stuffs Act	..	..	..	..	8
Rag Flock Act	..	..	..	..	11
Atmospheric Pollution	..	..	..	..	4,980
Smoke in Air Determinations	..	..	..	..	2,569
Sulphur Dioxide in Air Determinations	..	..	..	..	2,411
Waters and Effluents, from all sources	..	..	..	..	202
Miscellaneous	..	..	..	..	84
Total samples received from the City of Edinburgh	..	..	..	..	6,924

Details of the analyses done under above headings are contained in the appropriate sections of the report by the Chief Public Health Inspector and the Chief Veterinary Officer. As required by the Food and Drugs (Scotland) Act 1956, the City Analyst makes an annual return to this Authority and this is transmitted to the Secretary of State for Scotland together with details of any action taken in each case. Such reports have been used as a basis of a complete annual report by the City Analyst which is being published separately.

SECTION IX

**STATISTICAL TABLES**



## BIRTHS, DEATHS and MARRIAGES in EDINBURGH — 1950-69

Year	Estimated Population	NUMBERS					RATES					
		Live Births		Still Births	Marriages	Deaths		Per 1,000 of Estimated Population			Deaths under 1 year per 1,000 Live Births	Still Births per 1,000 Total Births (Live and Still)
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marriages	Deaths		
1950	488,883	7,674	407	190	4,271	6,161	225	15.7	8.7	12.6	5.3	24
1946-50	482,267	8,693	519	244	4,582	6,241	348	17.9	9.4	12.9	6.0	27
1951	467,435	7,353	402	204	4,222	6,474	196	15.7	9.0	13.9	5.5	27
1952	475,074	7,129	391	195	4,240	5,964	206	15.0	8.9	12.6	5.5	29
1953	470,847	7,241	379	163	4,152	5,782	177	15.4	8.8	12.3	5.2	24
1954	469,297	7,256	386	158	4,347	6,061	185	15.5	9.3	12.9	5.3	21
1955	467,889	7,128	358	177	4,517	6,049	179	15.2	9.7	12.9	5.0	25
1951-55	470,108	7,221	383	179	4,296	6,066	189	15.4	9.1	12.9	5.3	24
1956	466,889	7,467	360	176	4,492	6,071	179	16.0	9.6	13.0	4.8	23
1957	465,671	7,854	399	153	4,326	6,005	191	16.9	9.3	12.9	5.1	24
1958	467,410	7,864	369	155	4,283	6,023	193	16.8	9.2	12.9	4.7	25
1959	469,399	8,150	385	161	4,212	6,246	199	17.4	9.0	13.3	4.7	19
1960	471,585	8,443	441	166	4,050	5,940	178	17.9	8.6	12.6	5.2	21
1956-60	468,191	7,956	391	162	4,273	6,057	188	17.0	9.1	12.9	4.9	20
1961	474,062	8,373	479	159	3,956	6,210	190	17.7	8.3	13.1	5.7	23
1962	475,338	8,753	541	140	4,045	6,092	211	18.4	8.5	12.8	6.2	24
1963	476,228	8,504	596	156	4,035	6,219	199	17.9	8.5	13.1	7.0	23
1964	473,270	8,774	612	143	4,046	5,859	181	18.5	8.5	12.4	7.0	21
1965	472,352	8,370	599	122	4,152	6,150	197	17.7	8.8	13.0	7.2	24
1961-65	474,250	8,555	565	144	4,047	6,106	196	18.0	8.5	12.9	6.6	17
1966	468,765	7,819	645	105	4,246	6,187	174	16.7	9.1	13.2	8.2	21
1967	467,986	7,728	656	120	4,342	5,755	166	16.5	9.3	12.3	8.5	22
1968	466,464	7,529	668	111	4,387	6,142	145	16.1	9.4	13.2	8.9	19
1969	465,421	6,897	659	79	4,487	6,021	153	14.8	9.6	12.9	9.6	22

**Deaths from Specified Causes  
and Death Rates per 1,000**

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Enteritis and other Diarrhoeal Diseases .. .. .	3	—	—	—	—	—	—	—	—	1	1	5
2. Tuberculosis of Respiratory System .. .. .	—	—	—	—	—	—	—	1	3	1	3	8
3. Tuberculosis—Other Forms .. .. .	—	—	—	—	—	—	—	—	—	1	2	3
4. Whooping Cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
5. Meningococcal Infection .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
6. Acute Poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
7. Measles .. .. .	—	1	—	—	—	—	—	—	—	—	—	1
8. Syphilis and its Sequelae .. .. .	—	—	—	—	—	—	—	—	—	1	—	1
9. Other Infective and Parasitic Diseases .. .. .	4	—	1	—	—	—	1	—	—	3	2	11
10. Malignant Neoplasms .. .. .	—	2	1	1	4	9	22	63	191	251	159	703
11. Benign and Unspecified Neoplasms .. .. .	—	—	—	—	—	1	—	1	2	—	—	4
12. Diabetes Mellitus .. .. .	—	—	—	—	—	—	1	2	5	8	12	28
13. Anaemias .. .. .	—	—	—	—	1	—	—	—	—	1	3	5
14. Meningitis .. .. .	2	—	—	—	—	—	—	—	—	—	—	2
15. Other Diseases of Nervous System .. .. .	—	—	—	1	—	2	1	1	3	6	7	21
16. Rheumatic Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
17. Chronic Rheumatic Heart Disease .. .. .	—	—	—	—	—	2	4	2	8	5	—	21
18. Hypertensive Disease .. .. .	—	—	—	—	—	—	—	4	3	7	11	25
19. Ischaemic Heart Disease .. .. .	—	—	—	—	—	6	22	80	213	302	260	883
20. Other Forms of Heart Disease .. .. .	—	—	—	—	—	—	—	3	19	37	59	117
21. Cerebrovascular Disease .. .. .	1	—	—	—	1	2	4	8	43	107	158	324
22. Other Circulatory Diseases .. .. .	—	—	—	—	—	—	1	8	11	28	36	84
23. Influenza .. .. .	—	—	—	—	—	—	1	2	7	3	1	14
24. Pneumonia .. .. .	5	—	—	—	—	—	2	2	12	36	84	141
25. Bronchitis, Emphysema and Asthma .. .. .	—	—	—	—	—	1	3	6	42	78	58	188
26. Other Respiratory Diseases .. .. .	—	—	—	—	—	2	—	2	4	6	4	18
27. Ulcer of Stomach and Duodenum .. .. .	—	—	—	—	—	1	1	2	2	7	10	23
28. Appendicitis .. .. .	—	—	—	—	—	—	—	—	—	1	—	1
29. Intestinal Obstruction and Hernia .. .. .	—	—	—	—	—	—	—	2	1	3	2	8
30. Other Digestive Diseases .. .. .	—	—	—	1	—	—	2	6	7	14	14	44
31. Nephritis and Nephrosis .. .. .	—	—	—	—	3	1	1	—	2	5	4	16
32. Other Diseases of Genito-Urinary System .. .. .	1	—	—	—	—	—	—	2	—	7	18	28
33. Puerperal Causes .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
34. Diseases of Skin and Musculo-Skeletal System .. .. .	—	—	—	—	—	—	—	—	2	2	3	7
35. Congenital Anomalies .. .. .	14	—	1	1	2	1	—	3	1	1	1	25
36. Other Causes of Perinatal Mortality .. .. .	40	—	—	—	—	—	—	—	—	—	—	40
37. Senility .. .. .	—	—	—	—	—	—	—	—	—	1	—	2
38. Motor and other Road Vehicle Accidents .. .. .	—	1	1	—	7	2	5	6	9	6	7	44
39. Accidents in the Home .. .. .	8	—	1	—	3	1	3	1	6	3	4	30
40. Suicide and Self Inflicted Injuries .. .. .	—	—	—	—	3	2	10	3	6	3	1	28
41. Other Violence .. .. .	2	1	2	1	4	3	7	5	9	1	4	39
42. All Other Causes .. .. .	—	—	—	—	1	—	—	1	2	2	1	7
Totals .. .. .	80	5	7	5	29	36	91	213	597	920	908	2,891

## EDINBURGH

in Sex and Age-Group  
of the Population

CAUSE OF DEATH	FEMALES													Total Fe- males	Total Both Sexes	Rate per 1,000 Pop.
	1	1-	5	10	15	25	35	45	55	65	75					
1 Enteritis and Other Diarrhoeal Diseases	—	1	—	—	—	—	—	—	—	—	—	1	2	7	0 015	
2 Tuberculosis of Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	8	0 017		
3 Tuberculosis—Other Forms	—	—	—	—	—	—	—	—	1	—	—	1	4	0 008		
4 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5 Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6 Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7 Measles	—	—	—	—	—	—	—	—	—	—	—	—	1	0 002		
8 Syphilis and its Sequelae	—	—	—	—	—	—	—	1	—	—	—	1	2	0 004		
9 Other Infective and Parasitic Diseases	—	3	—	—	—	—	1	—	1	3	1	9	20	0 043		
10 Malignant Neoplasms	1	—	—	—	1	6	28	68	152	185	203	644	1,347	2 894		
11 Benign and Unspecified Neoplasms	—	—	—	1	—	—	—	1	2	1	1	6	10	0 021		
12 Diabetes Mellitus	—	—	—	—	—	—	1	1	6	9	22	39	67	0 144		
13 Anaemias	—	—	—	—	—	—	—	—	2	3	4	9	14	0 030		
14 Meningitis	1	—	—	—	—	—	—	—	—	—	—	1	3	0 006		
15 Other Diseases of Nervous System	2	—	—	—	2	—	3	7	5	11	22	52	73	0 157		
16 Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17 Chronic Rheumatic Heart Disease	—	—	—	—	—	2	—	13	12	8	10	45	66	0 142		
18 Hypertensive Disease	—	—	—	—	—	—	—	3	3	8	36	50	75	0 161		
19 Ischaemic Heart Disease	—	—	—	—	—	—	3	23	93	241	436	796	1,679	3 607		
20 Other Forms of Heart Disease	—	—	—	—	—	—	1	2	10	22	63	98	157	0 337		
21 Cerebrovascular Disease	2	—	—	—	—	1	4	11	50	133	365	566	890	1 912		
22 Other Circulatory Diseases	—	—	—	—	—	—	—	6	19	133	158	242	520	—		
23 Influenza	—	—	—	—	—	—	1	3	1	6	4	15	29	0 062		
24 Pneumonia	3	1	2	—	1	2	2	1	13	27	109	161	302	0 649		
25 Bronchitis, Emphysema and Asthma	—	—	—	—	—	—	2	2	14	26	27	71	259	0 556		
26 Other Respiratory Diseases	—	2	—	—	1	—	3	—	—	4	10	20	38	0 082		
27 Ulcer of Stomach and Duodenum	—	—	—	—	—	—	1	—	1	11	5	18	41	0 088		
28 Appendicitis	—	—	—	—	—	—	—	—	—	1	—	1	2	0 004		
29 Intestinal Obstruction and Hernia	—	—	—	—	—	—	—	—	1	1	12	14	22	0 047		
30 Other Digestive Diseases	—	—	—	—	2	—	2	1	5	14	22	46	90	0 193		
31 Nephritis and Nephrosis	—	—	—	—	—	—	—	2	1	7	5	15	31	0 067		
32 Other Diseases of Genito-Urinary System	—	—	—	—	—	1	2	2	4	8	16	33	61	0 131		
33 Puerperal Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
34 Diseases of Skin and Musculo-Skeletal System	—	—	—	—	—	—	—	—	5	7	9	21	28	0 060		
35 Congenital Anomalies	18	5	—	2	2	—	—	2	—	—	1	30	55	0 118		
36 Other Causes of Perinatal Mortality	37	—	—	—	—	—	—	—	—	—	—	37	77	0 165		
37 Senility	—	—	—	—	—	—	—	—	—	—	1	1	3	0 006		
38 Motor and Other Road Vehicle Accidents	—	—	1	1	2	—	—	—	5	3	6	18	62	0 133		
39 Accidents in the Home	8	5	—	—	—	—	1	4	10	7	29	64	94	0 202		
40 Suicide and Self Inflicted Injuries	—	—	—	—	3	4	3	5	5	4	—	24	52	0 112		
41 Other Violence	1	1	—	—	—	—	2	1	5	6	25	41	80	0 172		
42 All Other Causes	—	—	—	—	1	1	2	—	5	5	9	23	30	0 064		
Totals	73	18	3	4	15	17	62	153	418	780	1,587	3,130	6,021	12 9		

## CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS DURING 1969

	Under 1 day	Under 1 wk.	1 and under 2 wks.	2 and under 3 wks.	3 and under 4 wks.	Total under 4 wks.	4 wks. and under 3 mths.	3 and under 6 mths.	6 and under 9 mths.	9 and under 12 mths.	Total under 12 mths.	12 months and under 2 yrs.	2 yrs. and under 4 yrs.	4 and under 5 yrs.	Total 1-5 yrs.	Total under 5 yrs.
Tuberculosis, Respiratory	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, Other Forms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Meningococcal Infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Infectious and Parasitic Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malignant Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, Other Forms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Respiratory Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Intestinal Obstruction and Hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gastro Enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Digestive Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Injury at Birth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-Natal Asphyxia and Atelectasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Infections of New Born	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Diseases Early Infancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Immaturity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Accidents:—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suffocation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Overlying	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Out-of-Doors	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Violence	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
All Other Causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	54	45	8	1	4	112	17	14	7	3	153	5	9	4	23	176

## ANALYSIS OF DEATHS FROM MALIGNANT DISEASES 1969

SITE	SEX AND AGE GROUPS																	TOTALS			
	Under 15		15-24		25-34		35-44		45-54		55-64		65-74		75+						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	both sexes		
Tongue and Mouth	—	—	—	—	—	—	—	—	1	—	—	—	2	1	2	2	5	3	8		
Pharynx .. ..	—	—	—	—	—	—	—	—	1	1	3	1	3	1	4	1	11	4	15		
Stomach and	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Oesophagus ..	—	—	—	—	1	—	1	4	11	3	27	25	27	28	26	28	93	88	181		
Intestines and Rectum	—	—	—	—	—	—	5	2	2	4	19	26	21	29	28	48	75	109	184		
Liver and Gall Bladder	—	—	—	—	—	—	—	—	1	1	7	1	7	3	2	6	17	11	28		
Pancreas .. ..	—	—	—	—	—	—	2	1	1	—	9	5	7	11	6	13	25	30	55		
Other Digestive Sites	1	—	—	—	1	—	—	—	—	1	1	—	2	1	—	1	5	3	8		
Bronchus and Lungs	—	—	1	—	1	—	6	1	27	15	96	22	128	14	49	17	308	69	377		
Other Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
System .. ..	—	—	1	—	—	—	—	—	—	—	—	—	3	—	—	—	4	—	4		
Bones .. ..	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	1	2	3		
Breast .. ..	—	—	—	—	—	4	—	10	—	19	—	30	—	30	—	37	130	130	—		
Genital Organs ..	—	—	—	—	—	—	3	—	11	—	15	—	21	—	23	—	73	73	—		
Prostate .. ..	—	—	1	—	2	—	—	—	1	—	4	—	7	—	20	—	35	—	35		
Bladder .. ..	—	—	—	—	—	—	—	—	1	1	3	5	5	5	6	7	15	18	33		
Kidney .. ..	1	1	—	—	—	—	—	—	1	3	1	3	1	4	4	2	11	10	21		
Other Urinary Sites ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Brain .. ..	—	—	1	—	—	—	3	1	2	2	1	1	—	1	—	2	7	7	14		
Other Nervous Sites	—	—	—	—	—	—	1	—	2	2	2	—	2	2	—	—	7	4	11		
Lymphatic and Haematopoietic Tissue ..	—	—	—	1	2	—	2	3	4	2	2	5	8	11	6	7	24	29	53		
Leukaemia .. ..	2	—	—	—	1	1	—	1	2	1	1	5	8	11	3	2	17	21	38		
All Other Sites ..	—	—	—	—	1	1	—	1	2	2	6	4	5	5	3	2	17	15	32		
Without Specification of Site ..	—	—	—	—	—	—	2	—	2	2	7	5	11	6	4	5	26	18	44		
TOTALS MALE	4	—	4	—	9	—	22	—	63	—	191	—	251	—	159	—	703	—	—		
TOTALS FEMALE	—	1	—	1	—	6	—	28	—	68	—	152	—	185	—	203	—	644	1347		



## ANALYSIS OF STILLBIRTHS - 1969

CAUSE	Number	Rate per 1,000 Total Births
Placental and Cord Conditions .. .. .	25	3.6
Congenital Anomalies of Foetus .. .. .	18	2.6
Anoxic and Hypoxic Conditions .. .. .	14	2.0
Toxaemias .. .. .	3	0.4
Difficult Labour .. .. .	3	0.4
Rhesus Factor .. .. .	2	0.3
Acute and Chronic Disease in Mother .. .. .	1	0.1
Ill-defined and Other Causes .. .. .	13	1.9
Total ..	79	11.3

## CHILD WELFARE CLINICS

Year of Birth	Number of New Cases	Number of Children Attending	Total Number of Attendances
1969	3,964	3,964	23,012
1968	861	3,457	20,654
1964-67	380	2,447	7,101
Others	14	38	88
Total	5,219	9,906	50,855

(28 LOCAL AUTHORITY CHILD WELFARE CLINICS DURING THE YEAR)

## DAY NURSERIES

	Approved Places	Average Number on Roll	Possible Attendances	Actual Attendances	Percentage of Attendance
Craigmillar .. ..	70	71	17,963	15,125	84
Dean .. ..	30	31	7,843	6,424	82
Dumbiedykes .. ..	30	31	7,843	6,733	86
Gilmerton .. ..	70	72	18,216	15,901	87
Gilmore Place .. ..	40	39	9,614	7,681	80
Granton .. ..	60	60	15,180	11,008	73
Greendykes .. ..	100	76	19,152	16,052	84
Lochend .. ..	30	32	8,096	5,907	73
Pilrig .. ..	40	39	9,867	7,356	75
South Fort Street .. ..	60	59	14,927	10,032	67
Stenhouse .. ..	50	54	13,662	11,607	85
Victoria Park .. ..	65	62	15,686	11,466	73
Viewforth .. ..	110	119	30,107	24,416	81
West Pilton .. ..	70	70	17,710	12,573	71
Total ..	825	815	205,866	162,281	79

**Systematic Examination of Children attending Ordinary and Special Schools**  
**Showing Number Examined, Immunisation State and Referrals made**

99

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Total number examined in each Age Group .. .. .	552	576	3,198	4,624	1,478	1,270	2,342	2,361	75	112	16,588
Parents present at examination .. .. .	497 90.04%	547 94.97%	2,999 93.78%	3,787 81.90%	1,116 75.51%	978 77.01%	377 16.10%	428 18.13%	18 24.00%	28 25.00%	10,775 64.96%
<b>Immunisation State:—</b>											
(a) Diphtheria/Tetanus (Fully Protected) .. .. .	501 90.76%	517 89.76%	2,892 90.43%	2,746 59.39%	1,324 89.58%	1,083 85.28%	1,887 80.57%	1,752 74.21%	72 96.00%	104 92.86%	12,878 77.63%
(b) Poliomyelitis (Fully Protected) .. .. .	504 91.30%	493 85.59%	2,857 89.34%	2,805 60.66%	1,308 88.50%	1,106 87.09%	1,892 80.79%	1,745 73.91%	72 96.00%	106 94.64%	12,888 77.69%
(c) Smallpox (Vaccinated) .. .. .	420 76.09%	421 73.09%	2,524 78.92%	2,280 49.31%	1,100 74.42%	964 75.91%	1,540 65.76%	1,340 56.76%	65 86.67%	89 79.46%	10,743 64.76%
<b>Referrals Made:—</b>											
(a) Refraction .. .. .	5 0.91%	8 1.39%	74 2.31%	81 1.75%	63 4.26%	55 4.33%	123 5.25%	133 5.63%	6 8.00%	6 5.36%	554 3.39%
(b) Further Medical Opinion/Treatment .. .. .	26 4.71%	22 3.82%	174 5.44%	173 3.74%	121 8.19%	92 7.24%	102 4.36%	105 4.45%	5 6.67%	2 1.79%	822 4.96%
(c) Speech Therapy .. .. .	3 0.54%	2 0.35%	80 2.50%	57 1.23%	11 0.74%	6 0.47%	4 0.17%	7 0.30%	— —	— —	170 1.02%
(d) Dental Treatment .. .. .	7 1.27%	10 1.74%	151 4.72%	184 3.98%	103 6.97%	98 7.72%	160 6.83%	118 5.00%	2 2.67%	5 4.4%	838 5.05%
(e) Head Cleansing—advice to parents .. .. .	—	1 0.17%	4 0.13%	24 0.52%	4 0.27%	7 0.55%	—	10 0.42%	—	1 0.89%	51 0.31%
(f) Supervision by School Doctor .. .. .	59 10.69%	36 6.25%	478 14.95%	446 9.65%	234 15.83%	177 13.94%	247 10.55%	327 13.85%	8 10.67%	7 6.25%	2,019 12.17%
Total number of children to whom these referrals apply .. .. .	89 16.12%	64 11.11%	805 25.17%	765 16.54%	402 27.20%	337 26.54%	528 22.54%	514 21.77%	16 21.33%	20 17.86%	3,540 21.34%

**MEDICAL EXAMINATIONS**  
by Cities and Large Counties with National average for comparison

LOCAL AUTHORITY	ENTRANTS				LEAVERS			
	NO. OF EXAMINATIONS		PERCENTAGE WITH DEFECTS		NO. OF EXAMINATIONS		PERCENTAGE WITH DEFECTS	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
ABERDEEN BURGH .. .. .	1,368	1,332	61.04	56.68	—	—	—	—
DUNDEE .. .. .	1,549	1,445	47.13	41.38	1,270	1,275	48.66	47.29
EDINBURGH .. .. .	3,101	3,121	61.30	56.94	2,432	2,256	47.53	48.14
GLASGOW .. .. .	9,141	8,486	51.45	50.87	7,323	7,388	44.63	43.42
AYR COUNTY .. .. .	3,230	2,962	42.54	38.93	2,255	2,251	40.49	39.58
FIFE .. .. .	2,356	2,424	48.30	41.71	1,181	1,244	47.59	39.31
LANARK .. .. .	6,278	5,916	62.25	58.16	6,136	6,088	49.54	48.23
RENFREW .. .. .	3,517	3,365	55.10	50.10	2,439	2,441	46.33	43.79
SCOTLAND .. .. .	45,539	43,383	53.75	49.78	33,295	33,295	44.42	43.21

## VISION TESTING

AGE	Total Number Examined		GOOD VISION (6/6 in better eye, with or without glasses)		FAIR VISION (6/9 or 6/12 in better eye, with or without glasses)				BAD VISION (6/18 or worse in better eye, with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
7-year-olds:—												
Boys .. ..	2,997	100	2,646	88.3	124	4.1	195	6.5	20	0.7	12	0.4
Girls .. ..	3,105	100	2,716	87.5	132	4.3	233	7.5	16	0.5	8	0.3
9-year-olds:—												
Boys .. ..	2,813	100	2,457	87.3	172	6.1	133	4.7	36	1.3	15	0.5
Girls .. ..	2,496	100	2,196	88.0	138	5.5	128	5.1	20	0.8	14	0.6

## REMAND HOME EDINBURGH

	ON CHARGE		ON PETITION	
	Examined for Admission	Examined for Approved School Report	Examined for Admission	Examined for Approved School Report
<b>EDINBURGH:—</b>				
Boys .. ..	199	98	24	20
Girls .. ..	29	16	37	14
Total .. ..	228	114	61	34
<b>OUTWITH:—</b>				
Boys .. ..	230	134	14	9
Girls .. ..	37	25	27	19
Total .. ..	267	159	41	28
<b>GRAND TOTAL</b> .. ..	495	273	102	62

Total of Edinburgh and Outwith Children:—  
 Examined for Approved School Report—335 (total 1967/68—207)  
 —597 (total 1967/68—451)  
 Examined for Admission



# **AUDIOMETRIC TESTING — SESSION 1968-1969**

	Number Listed	Number Tested	Extra Tests	Normal	Total Def.	Grades			Abs.	Left	U/T
						1	2A	2			
<b>Routine Groups</b>											
Infant Admits 1968	6,848	6,321	841	5,683	638	377	211	50	518		9
% of No. Tested				89.9	10.1	6.0	3.3	0.8			
Children Born 1960	6,310	5,927	726	5,323	604	425	154	25	383		
% of No. Tested				89.8	10.2	7.2	2.6	0.4			
Absentees (last Session)	943	653	88	573	80	58	19	3	120	170	
<b>Previously Defective</b>											
Defective last Session	4,433	3,364	2,219	1,198	2,166	1,350	656	160	574	495	
% of No. Tested				35.6	64.4	40.1	19.5	4.8			
Normal last Session	1,298	978	212	781	197	159	35	3	152	168	
% of No. Tested				79.9	20.1	16.2	3.6	0.3			
<b>Special Requests</b>	651	649	154	518	131	84	32	15			2
% of No. Tested				79.8	20.2	12.9	5.0	2.3			
<b>Totals</b>	20,483	17,892	4,240	14,076	3,816	2,453	1,107	256	1,747	833	11
Less Duplicates	590	531	278	256	275	167	87	21	55	4	
Final Totals	19,893	17,361	3,962	13,820	3,541	2,286	1,020	235	1,692	829	11
<b>Previously defective—absent this Session</b>					574	376	168	30		<b>Grade 3</b>	
Total defective in above groups					4,115	2,662	1,188	265		41	
Defective cases attending other schools					41					41	
Area Total of Defectives					4,156	2,662	1,188	265		82	
% of Total number of Defectives					64.05	64.05	28.58	6.38		0.99	
% of School Population of 64,831					6.41	4.11	1.83	0.41		0.06	

\* Duplicates occur when a child previously known for defect occurs in that group, and also in one of the routine groups tested.

Number of Deaths from Various Causes in Edinburgh School Children (5-14 years) 1950-69

YEAR	Pulmonary T.B.	Other T.B.	Cerebro Spinal Fever	Poliomyelitis	Measles	Diphtheria	Whooping Cough	Nervous Diseases	Heart Diseases	Pneumonia and other Respiratory Diseases	Digestive Diseases	Urinary Diseases	Rheumatic Fever	Malignant Disease	Accidents and other Violence	Cerebrovascular Diseases	Other Causes	Total Deaths 5-14 years	Death Rate per 10,000 Population
1950 ..	2	3	—	2	—	—	—	3	2	5	1	—	6	3	8	—	11	46	7.7
1951 ..	1	4	—	—	—	—	—	3	1	2	—	1	1	4	18	—	1	36	6.0
1952 ..	2	—	—	—	—	—	—	3	1	2	—	2	2	8	5	—	8	33	5.5
1953 ..	—	1	—	—	—	1	—	3	1	6	2	1	—	8	8	—	4	34	5.5
1954 ..	1	—	—	—	—	—	1	3	1	5	3	1	—	6	9	—	4	34	5.5
1955 ..	—	—	—	—	—	—	—	5	—	4	2	1	—	3	11	—	2	30	4.8
1956 ..	—	—	2	—	—	—	—	3	—	1	1	1	2	10	9	—	5	22	3.5
1957 ..	—	—	—	—	—	—	1	3	2	2	2	—	1	2	7	—	4	31	4.9
1958 ..	—	—	—	—	—	—	—	1	2	1	2	—	—	4	7	—	2	17	2.7
1959 ..	—	—	—	—	—	—	—	3	—	2	—	—	1	4	7	—	1	18	2.8
1960 ..	—	—	—	—	—	—	—	1	2	1	3	3	—	8	8	—	9	36	5.5
1961 ..	—	—	—	—	1	—	—	—	1	2	1	1	—	4	10	—	3	21	3.2
1962 ..	—	—	—	—	—	—	—	4	1	—	1	—	—	2	12	—	6	25	3.8
1963 ..	—	—	—	—	—	—	—	1	—	1	2	2	—	6	6	—	2	20	3.1
1964 ..	—	—	—	—	—	—	—	6	—	1	2	—	—	6	7	—	5	27	4.2
1965 ..	—	—	—	—	—	—	—	5	—	1	2	1	—	9	10	—	7	34	5.2
1966 ..	—	—	—	—	1	—	—	2	1	3	—	—	—	4	8	—	1	20	2.9
1967 ..	—	—	—	—	—	—	—	3	—	3	—	—	—	7	9	—	6	28	4.3
1968 ..	—	—	—	—	—	—	—	1	1	5	1	—	—	4	10	2	—	24	3.7
1969 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	—	5	15	2.3

## Tuberculin Testing and B.C.G. Vaccination of School Children born in 1955

	BOYS			GIRLS			TOTAL		
	Local Authority	Private	Total	Local Authority	Private	Total	Boys and Girls	Boys and Girls	Boys and Girls
							Local Authority	Private	Total
Number offered Tuberculin Testing .. ..	2,553	707	3,260	2,448	510	2,958	5,001	1,217	6,218
Number Accepted .. ..	2,412 94.5%	673 95.2%	3,085 94.6%	2,353 96.1%	487 95.5%	2,840 96.0%	4,765 95.3%	1,160 95.3%	5,925 95.3%
Number not tested (Cases, Contacts, Absentees, etc.)	149	43	192	140	19	159	289	62	351
Number Tuberculin Tested .. ..	2,263	630	2,893	2,213	488	2,681	4,476	1,098	5,574
Number of Tests Read .. ..	2,135	609	2,744	2,118	447	2,565	4,253	1,056	5,309
Number of Natural Positive Reactors .. ..	129 6.0%	33 5.4%	162 5.9%	110 5.2%	41 9.2%	151 5.9%	239 5.6%	74 7.0%	313 5.9%
Heaf Positive Grade I .. ..	91 70.5%	25 75.8%	116 71.6%	90 81.8%	31 75.6%	121 80.1%	181 75.7%	56 75.7%	237 75.7%
Heaf Positive Grade II .. ..	16 12.4%	6 18.2%	22 13.6%	11 10.0%	3 7.3%	14 11.6%	27 11.3%	9 12.2%	36 11.5%
Heaf Positive Grade III .. ..	13 10.1%	2 6.1%	15 9.3%	4 3.5%	7 17.1%	11 7.3%	17 7.1%	9 12.2%	26 8.3%
Heaf Positive Grade IV .. ..	9 7.0%	—	9 5.6%	5 4.5%	—	5 3.3%	14 5.9%	—	14 4.5%
Number of Post Vaccinal Positive Reactors .. ..	198 9.3%	50 8.2%	248 9.0%	224 10.6%	38 8.5%	262 10.2%	422 9.9%	88 8.3%	510 9.6%
Number of Negative Reactors .. ..	1,808 84.7%	526 86.4%	2,334 85.0%	1,784 84.2%	368 82.3%	2,152 83.9%	3,592 84.4%	894 84.7%	4,486 84.5%
Number Vaccinated .. ..	1,799	525	2,324	1,773	367	2,140	3,572	892	4,464







## Section II—Details of Treatment

	School Children	Pre-School Children	Mothers		Total
			Ante-Natal	Post-Natal	
<b>Fillings</b>					
Permanent Teeth — Surfaces ..	22,383	—	8	29	22,420
	27,245	—	57		27,302
Deciduous Teeth — Surfaces ..	11,837	1,922	—	—	13,759
	16,717	2,413	—	—	19,130
<b>Extractions (excluding Orthodontic)</b>					
Permanent Teeth — Routine ..	1,792	—	2	19	1,813
Special ..	282	—	—	—	282
Total ..	2,074	—	2	19	2,095
Deciduous Teeth — Routine ..	7,271	768	—	—	8,039
Special ..	840	192	—	—	1,032
Total ..	8,111	960	—	—	9,071
Administration of General Anaesthetics	1,234	168	—	3	1,405
<b>Other Operations</b>					
Permanent Teeth .. .. .	12,445	—	14	65	12,524
Deciduous Teeth .. .. .	5,002	1,400	—	—	6,402
Dentures — Partial .. .. .	94	—	1	4	99
Full .. .. .	3	—	1	13	17
Repairs to Dentures .. .. .	18	—	—	—	18
Number of X-rays Intra ..	1,308	18	2		1,328
(excluding Orthodontic) Extra ..	121	—	2		123

## Section III—Orthodontic Treatment

*School  
Children*

No. of cases continued from previous year	..	..	..	..	..	381
No. of new cases	..	..	..	..	..	246
No. of cases completed	..	..	..	..	..	180
No. of cases discontinued	..	..	..	..	..	33
No. of cases continuing at end of year	..	..	..	..	..	412
No. of Examinations—(a) Consultant R.H.B.	..	..	..	..	..	53
(b) Dental Officers	..	..	..	..	..	193
No. of examinations not followed by treatment—(a) Consultant R.H.B.	..	..	..	..	..	1
(b) Dental Officers	..	..	..	..	..	1
Attendances—(a) Consultant R.H.B.	..	..	..	..	..	149
(b) Dental Officers	..	..	..	..	..	3,683
Removable Appliances Fitted—(a) Consultant R.H.B.	..	..	..	..	..	—
(b) Dental Officers	..	..	..	..	..	95
Fixed Appliances Fitted—(a) Consultant R.H.B.	..	..	..	..	..	—
(b) Dental Officers	..	..	..	..	..	4
Treated without Appliances—(a) Consultant R.H.B.	..	..	..	..	..	—
(b) Dental Officers	..	..	..	..	..	81
Extractions—(a) Permanent Teeth	..	..	..	..	..	336
(b) Deciduous Teeth	..	..	..	..	..	281
Repairs to appliances	..	..	..	..	..	10
No. of X-Rays—(a) Intra Oral	..	..	..	..	..	218
(b) Extra Oral	..	..	..	..	..	744

## Section IV—Maternity

*Ante-  
Natal**Post-  
Natal*

Routine Examination	..	..	..	..	4	16
Attendances	..	..	..	..	28	100
Completed Dentally Fit	..	..	..	..	5	13
Fillings	..	..	..	..	8	29
Extractions	..	..	..	..	2	19
Other Operations	..	..	..	..	14	65
General Anaesthetics	..	..	..	..	—	3
Dentures	..	..	..	..	2	17

# Patients attended by the Queen's Institute of District Nursing during 1969

DISTRICT	Staff on Districts	PATIENTS								Ante- Natal Visits	T.B. Visits	Total all Visits
		Medical		Surgical		Maternity		Total				
		New	Old	New	Old	New	Old	New	Old			
Central Training Home	..	2,067	1,091	664	111	111 E.D.	3 E.D.	2,930	1,207	1,316	6,894	140,278
Periphery Districts	..	1,221	559	405	80	—	—	1,626	639	—	4,054	64,732
Group Attachment — Restalrig	..	2	160	46	114	9	—	274	55	—	313	5,022
Group Attachment — Liberton I	..	1	97	13	23	4	—	120	17	—	92	3,165
Group Attachment — Liberton II	..	..	34	25	23	2	—	57	27	—	1,929	1,929
Group Attachment — Granton	..	..	432	41	62	7	—	494	48	—	201	6,986
Group Attachment — Morningside	..	..	93	43	44	1	—	137	44	—	14	4,150
Group Attachment — Stockbridge	..	..	84	26	31	9	—	115	35	—	286	4,558
Group Attachment — Marchmont	..	..	43	22	31	8	—	74	30	—	3,029	3,029
Group Attachment — Ferry Road*	..	..	316	30	70	1	—	386	31	—	236	3,555
Group Attachment — Inverleith	..	..	53	21	27	2	—	80	23	—	108	3,047
Group Attachment — Portobello	..	..	47	—	38	—	—	85	—	—	110	2,638
Group Attachment — Wellington Place	..	..	116	—	19	—	—	135	—	—	35	1,244
Group Attachment — Bruntsfield	..	..	10	—	11	—	—	21	—	—	—	903
Group Attachment — Craiglockhart	..	..	7	—	3	—	—	10	—	—	—	299
Group Attachment — Summerside	..	..	7	—	2	—	—	9	—	—	6	320
	35½	4,787	1,917	1,567	234	199	5	6,553	2,156	1,316	12,412	245,855

E.D.—Early Discharges from Hospital

\* 1 District Nursing Sister only until 1.10.69 when full-time State Enrolled Nurse was added.

Nursing Staff as at 31st December, 1969

1 Superintendent  
1 Deputy Superintendent  
5 Assistant Superintendents  
1 Tutor

57 Queen's Nursing Sisters, full-time  
19 Queen's Nursing Sisters, part-time  
11 Trained Nurses in Training  
3 Midwives  
9 State Enrolled Nurses, full-time  
5 Nursing Auxiliaries, part-time

Sighthill Health Centre

5 Registered General Nurses, part-time

## HEALTH VISITORS' HOME VISITS—1969

	First Visits	Re-Visits	Total
Expectant Mothers .. .. .	3,266	1,600	4,866
Children Born, 1969 .. .. .	6,829	29,702	36,531
Children Born, 1968 .. .. .	7,658	28,783	36,441
Children Born, 1964-67 .. .. .	23,313	32,046	55,359
School Children .. .. .	1,969	2,479	4,448
Persons Aged 65 and Over .. .. .	4,421	9,532	13,953
Mental Health .. .. .	567	1,370	1,937
Other Hospital After-Care .. .. .	337	288	625
Tuberculosis .. .. .	1,878	3,745	5,623
Other Infectious Diseases .. .. .	237	345	582
Home Accidents .. .. .	55	5	60
Other .. .. .	276	221	497
Total ..	50,806	110,116	160,922

497 Other Home Visits include Surveys on Cancer, and Bronchitis, Housing Requests, Rehabilitation of Handicapped, etc.

## HEALTH VISITORS' ATTENDANCE AT CLINICS—1969

Local Authority Child Welfare Clinics .. .. .	4,113
Hospital Units .. .. .	1,874
School Health Service Clinics .. .. .	4,049
G.P. Surgeries .. .. .	1,416
Chest Clinics .. .. .	416
Health Talks (Mothercraft, Relaxation, and Health Education) ..	718
Case Conferences .. .. .	1,084
Medical Inspections (School) with M.O. .. .. .	3,243
*Other .. .. .	495

\*495 Other includes Family Planning, Geriatric, Mental Health, Playcentres, Obesity, etc.

**NUMBER OF CASES OF INFECTIOUS DISEASES,  
NOTIFIED DURING 1969 BY SEX AND AGE-GROUP**

DISEASE		Number of Cases coming to the knowledge of the Medical Officer of Health										Cases removed to Hospital	Cases not removed to Hospital
		All Ages	Age-Groups										
			Under 1	1-4	5-14	15-24	25-34	35-44	45-64	65 plus			
Sex													
Measles	M	1,300	84	862	348	3	2	1	—	—	41	1,259	
	F	1,231	69	839	308	7	4	2	2	—	37	1,194	
Dysentery	M	692	42	281	199	46	75	28	17	4	89	603	
	F	733	26	253	166	100	114	35	32	7	99	634	
Jaundice, Infective	M	215	1	13	118	39	20	8	11	5	61	154	
	F	202	—	15	98	40	23	9	12	5	54	148	
Tuberculosis, Pulmonary	M	138	—	2	9	15	12	15	59	26	94	44	
	F	58	—	4	2	6	11	6	21	8	32	26	
Scarlet Fever	M	78	—	16	56	5	—	1	—	—	6	72	
	F	84	—	21	58	4	1	—	—	—	10	74	
Food Poisoning	M	60	1	5	12	13	5	10	11	3	9	51	
	F	91	3	6	7	36	7	13	15	4	10	81	
Pneumonia, acute primary	M	49	1	4	13	4	1	3	13	10	1	48	
	F	43	—	5	2	3	3	3	18	9	3	40	
Whooping Cough	M	34	9	15	10	—	—	—	—	—	5	29	
	F	35	6	21	8	—	—	—	—	—	5	30	
Erysipelas	M	14	—	—	—	1	—	2	9	2	3	11	
	F	14	—	—	1	—	2	2	8	1	5	9	
Tuberculosis other forms	M	11	—	—	1	—	3	1	5	1	2	9	
	F	15	1	—	—	2	1	2	2	7	9	6	
Pneumonia, Influenzal	M	5	—	1	1	—	—	—	2	1	1	4	
	F	16	—	—	—	1	—	2	7	6	1	15	
Malaria	M	6	—	1	—	1	1	2	1	—	2	4	
	F	3	—	—	1	1	1	—	—	—	1	2	
Cerebro-Spinal Fever	M	1	—	—	—	—	—	—	—	1	1	—	
	F	1	1	—	—	—	—	—	—	—	1	—	
Anthrax	M	1	—	—	—	1	—	—	—	—	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
Paratyphoid B	M	1	—	—	—	—	1	—	—	—	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
Typhoid Fever	M	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	1	—	—	—	—	—	1	—	
Chickenpox	M	16	—	6	3	5	—	1	1	—	16	—	
	F	15	2	5	3	5	—	—	—	—	15	—	
Totals	M	2,621	138	1,206	770	133	120	72	129	53	333	2,288	
	F	2,542	108	1,169	655	205	167	74	117	47	283	2,259	
Both Sexes		5,163	246	2,375	1,425	338	287	146	246	100	616	4,547	



**Tuberculosis Notifications and Deaths—1969**  
**in Age-Groups and Sex**

AGE-GROUPS	NOTIFICATIONS				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory and Late Effects	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 15 years ..	11	6	1	1	—	—	—	—
15-24 years .. ..	15	6	—	2	—	—	—	—
25-34 years .. ..	12	11	3	1	—	—	—	—
35-44 years .. ..	15	6	1	2	—	—	—	—
45-54 years .. ..	28	12	2	1	1	—	—	—
55-64 years .. ..	31	9	3	1	3	—	—	1
65 and over .. ..	26	8	1	7	4	—	3	—
Totals ..	138	58	11	15	8	—	3	1
	196		26		8		4	

**Number of Persons in the City at 31st December 1969 who were**  
**known to be suffering from Tuberculosis**

	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 and over	Totals
<b>Respiratory:—</b>								
Males .. ..	121	152	197	298	288	286	96	1,438
Females .. ..	107	140	259	302	146	110	50	1,114
Totals ..	228	292	456	600	434	396	146	2,552
<b>Non-Respiratory:—</b>								
Males .. ..	9	36	43	39	30	20	14	191
Females .. ..	10	42	67	62	45	29	41	296
Totals ..	19	78	110	101	75	49	55	487

## VACCINATION AND IMMUNISATION

### Number and Percentage of Live Births who have completed Primary Doses as at 31st December 1969

Year of Birth	Live Births	Smallpox		Diphtheria		Whooping Cough		Tetanus		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1962	8,753	6,400	73.1	7,768	88.7	6,870	78.5	7,666	87.6	6,118	69.9	426	4.9
1963	8,504	5,565	65.4	7,700	90.5	6,963	81.9	7,689	90.4	6,692	78.7	1,886	22.2
1964	8,774	5,880	67.0	7,347	83.7	7,166	81.7	7,354	83.8	6,468	73.7	520	5.9
1965	8,370	5,273	63.0	6,404	76.5	6,321	75.5	6,407	76.5	6,037	72.1	677	8.1
1966	7,819	5,008	64.0	6,268	80.2	6,179	79.0	6,270	80.2	5,725	73.2	873	11.2
1967	7,728	4,474	57.9	6,355	82.2	6,258	81.0	6,355	82.2	5,748	74.4	999	12.9
1968	7,529	2,353	31.3	5,328	70.8	5,307	70.5	5,332	70.8	4,713	62.6	280	3.7
1969	6,897	160	2.3	713	10.3	705	10.2	714	10.4	568	8.2	5	0.1

### Analysis of Primary Vaccinations and Immunisations carried out during 1969

	NUMBER COMPLETED FULL COURSE								
	YEAR OF BIRTH								Total
	1969	1968	1967	1966	1965	1964	1963	1962 or Earlier	
Smallpox . . . . .	160	2,136	1,646	356	114	60	39	556	5,067
Triple Antigen . . . . .	705	2,730	312	81	41	22	12	22	3,925
Diphtheria and Tetanus . .	8	14	21	20	35	107	429	426	1,060
Diphtheria only . . . . .	—	—	—	—	—	—	5	65	70
Tetanus only . . . . .	1	2	—	—	1	1	1	702	708
Polio myelitis . . . . .	568	3,205	279	86	48	173	289	470	5,118
Measles . . . . .	5	251	373	187	112	46	23	35	1,032

### Analysis of Re-Vaccinations and Booster Doses carried out during 1969

	NUMBER GIVEN BOOSTER DOSE								
	YEAR OF BIRTH								
	1969	1968	1967	1966	1965	1964	1963	1962 or Earlier	Total
Smallpox .. ..	—	12	54	28	37	69	33	3,799	4,032
Triple Antigen .. ..	15	1,247	2,127	190	69	318	72	147	4,185
Diphtheria and Tetanus ..	3	42	133	23	44	3,461	1,799	2,263	7,768
Diphtheria only .. ..	—	—	5	—	—	21	30	2,982	3,038
Tetanus only .. ..	1	6	16	18	26	30	39	937	1,073
Poliomyelitis .. ..	32	200	443	70	75	4,094	1,545	1,035	7,494

SECTION X

**SANITARY SERVICES**

Sanitary Department,  
Public Health Chambers,  
Johnston Terrace,  
Edinburgh,  
EH1 2PP.

To

*The Secretary of State for Scotland and the Lord Provost,  
Magistrates and Councillors of the City of Edinburgh.*

LADIES AND GENTLEMEN,

It is my privilege to submit the Annual Report on the work done in my Department during the year 1969.

The Report has been prepared in accordance with the Scottish Home and Health Department circular and incorporates information requested by the Central Authority.

I trust that the Report will be of interest and a source of information to all who have the opportunity of reading it.

I am most grateful to all members of the Corporation for their continued encouragement and support and I would also extend my thanks to my fellow officials for their assistance and co-operation which was willingly given at all times.

Finally, I must thank all the members of my staff for their loyal support and for the excellent work done during 1969.

I am,

Your obedient servant,

IAN W. WINTOUR, M.R.S.A.(Scot.),

*Chief Sanitary Inspector*

## INTRODUCTION

The year has been partly dominated by the pending reform in Local Authority administration culminating in the publication of the Wheatley Report in September. If the many suggestions outlined by the Commissioner are implemented the Local Authority as we know it today will disappear and a new concept of administration substituted.

It would appear that the environmental services will remain with the District Council and as the work is closely associated with the ratepayers it is fitting that this service should be under the direct control of the Corporation who have a vital interest in the well-being of its citizens.

A perusal of the annual report will reveal many facets of the work of my Department which assist in maintaining and improving the City's environment.

Shortage of qualified staff has prevented the desired advancement in some fields of work and priorities have had to be given to such duties as food hygiene, housing, infectious disease, to mention a few.

### Food Hygiene

The unannounced inspection of premises which manufacture or retail food stuffs continues to receive special attention in preparation for the Commonwealth Games and the Festival.

Advising and encouraging the food handlers is the only effective way of raising the hygienic standard throughout the industry, and although it may appear to be a slow and time-consuming process, it has proved to be the most successful method of putting the subject over to the worker on the factory and shop floor.

When a firm is forced to economise it sometimes appears that the first section of the business to receive the cut-back is the cleaning staff. Undoubtedly they are in a sense non-productive and unseen, yet it is the kitchen and preparation areas which are more important from a health point of view than any other part of the premises.

### Housing

The current three years slum clearance programme has still one year to run but during the year under review 908 houses were represented to the Housing Committee for closure or demolition. This relatively low figure resulted from the need to review policy following the introduction of new standards under the 1969 Housing Act.

Over the years Edinburgh has dealt with its unfit houses primarily by clearance area procedure and since 1958 some 11,000 unfit houses have been closed or demolished.

By the end of 1970 and the completion of the present programme, Edinburgh will have 2,500 houses which do not have the exclusive use of a water closet. It is anticipated that by 1972 all the houses sharing lavatory accommodation will have been represented to the Housing Committee for closure under the 1966-69 Acts.

Although there are approximately 28,000 houses which are sub-standard due to the lack of modern facilities, such as a bath, wash-hand basin, etc., only 12,000 of that number fall below the tolerable standard as laid down in the 1969 Act and these mainly through lack of a satisfactory hot-water supply. Of these some 50 per cent are scattered in location and outwith the scope of



treatment area procedure, which leaves a choice of action between individual closure or voluntary improvement by the owners up to at least the tolerable standard. Any build-up in the number of vacant houses scattered throughout the city as a result of closing orders must give rise to some misgivings. Such properties rapidly fall into decay and become derelict, providing an attractive target for vandals to the annoyance and inconvenience of adjoining householders. The question of improvement of houses up to the tolerable standard would I believe, as far as this city is concerned, be something of a waste of time and money. Under the present legislation Edinburgh's slum clearance programme should be completed within the next 10 years in my opinion, so surely the aim for improvement should be to a standard which includes such amenities as a bath or shower and wash-hand basin.

### **Noise**

The problem of noise has only been within recent years treated with the serious regard it deserves. There is no doubt that excessive and unnecessary noise is a health hazard and, in my opinion, can be as serious to individuals as that caused by polluted air and water. Background noise in cities is an increasing source of nuisance, often taken for granted as part of the price of technological and scientific advancement, but recognised by more and more citizens as a threat to health. The Noise Abatement Act of 1960 is limited in its power to prevent the production of noise. Technically there is no reason why excessive noise cannot be cured but it is often expensive and this poses a serious drawback. More practical powers of enforcement are necessary to combat a growing national problem.

### **Atmospheric Pollution**

Many countries will be taking part during 1970 in European Conservation Year, an idea sponsored by Great Britain, and Clean Air will be a subject undoubtedly receiving a great deal of publicity. It is, therefore, appropriate that the Council should have decided to recommence the smoke-control programme which had been in suspension for over a year. It is gratifying to note that two further areas have been approved by the Corporation and the era of smokeless skies brought a little nearer.

### **General Environment**

Vandalism is nation-wide and on the increase. We see the results daily, property defaced, windows broken, unoccupied houses smashed. The vandals are usually young folk from 12 years of age upwards roving the streets in bands creating havoc for no apparent reason. It would seem that the more neglected a property becomes the greater the chance of its becoming the target of the vandal. Perhaps an intensive research programme is required to find out the reasons for such behaviour before a real practical remedy can be applied.

The rubbish dumper too is a menace to the community and this type of anti-social behaviour is on the increase. Although provision is made by the Corporation for depositing refuse in certain collecting depots throughout the City, a fair number tip their rubbish on any available vacant site without considering the effect it has on the amenity of the community.

No practical solution to the problem has been discovered and the anti-litter legislation appears to be inadequate to meet this growing nuisance from a minority of the residents within the City.

I trust that you will find the detailed reports of the various sections of my department of interest.

## HOUSING

## Clearance Areas

Progress in the second year of the 1968–70 Slum Clearance Programme has been slower due to the advent of the new Housing (Scotland) Act 1969 which came into operation on 25th August, 1969.

Although the Act became operative on that date, the prescribed forms necessary for the service of notices dealing with closing and demolition orders were not issued for some considerable time thereafter.

At the same time, it was decided to await the publication of the Scottish Housing Handbook before proceeding with the programme's remaining clearance areas. This handbook gives *inter alia* guidance to local authorities on the action to be adopted under the new procedure in terms of Part I of the Act but it did not become available until mid-December.

Whilst some of these areas will now be capable of being dealt with as Housing Treatment Areas under the provisions of the Act, the new tolerable standard of fitness is much lower than the standard administered by Edinburgh under the 1966 Act and will inevitably have an inhibiting effect on future slum clearance programmes.

If it is the Corporation's policy to continue the level of slum clearance as practised in the past, it would appear that a variation of the criteria dealing with the "tolerable standard" will require to be sought from the Secretary of State in terms of Section 2(2) of the Act.

Official representations were submitted to the Housing Committee in respect of the following areas:—

1. West Port, etc., containing 125 houses with a population of 184 persons.
2. Forbes Street, etc., containing 310 houses with a population of 663 persons.
3. Pleasance, etc., containing 34 houses with a population of 78 persons.
4. Parkside Street, etc., containing 19 houses with a population of 40 persons.
5. Horse Wynd containing 4 houses with a population of 10 persons.

As anticipated Public Enquiries due to objections, were held in respect of the Ferrier Street, etc.; Primrose Street, etc.; and Dalry Road, etc. Areas. Confirmation, however, of the latter area was received later in the year and it is expected that re-housing will start at an early date.

The objections lodged concerning the East & West Adam Street, etc., Area were ultimately withdrawn and confirmation has now been received. Objections also were received regarding the Tennant Street, etc., Area but they too have been withdrawn. Compulsory Purchase Orders in respect of the properties concerned have been made and confirmation is expected in the near future.

## Housing (Scotland) Acts, 1919-1930

<i>Scheme</i>					<i>No. of houses dealt with</i>	<i>Population</i>
Clearance Areas (1923–38)	..	..	..	..	5,344	17,083

### Housing (Scotland) Acts, 1950-1969

<i>Scheme</i>					<i>No. of houses dealt with</i>	<i>Population</i>
Clearance Areas (1950-66)	..	..	..	..	3,541	8,393
Bristo Street, etc., 1966	..	..	..	..	191	270
Lauriston Place, etc., 1966	..	..	..	..	61	90
Cannon Street (Leith), etc., 1967	..	..	..	..	163	263
East and West Adam Street, etc., 1968	..	..	..	..	276	594
Dalry Road, etc., 1968	..	..	..	..	79	93
Canon Street, etc., 1968	..	..	..	..	53	72
				Totals	4,364	9,775
Grand Totals since 1923	..	..	..	..	9,708	26,858

### Comprehensive Development Areas

Rehousing has been completed in the St. Leonards/Arthur Street, etc. (Upper Viewcraig Row, etc.) Comprehensive Development Area and all the properties have now been demolished.

Confirmation has been received in respect of the St. James Square (Leith Street, etc.) Comprehensive Development Area (Areas N, O and P) and rehousing is now taking place.

### Town and Country Planning (Scotland) Acts 1947-1959 and the Housing (Declaration of Unfitness) (Scotland) Regulations 1948 and 1960

<i>Scheme</i>					<i>No. of houses dealt with</i>	<i>Population</i>
Comprehensive Development Areas (1955-66)	..				2,590	5,934
St. James Square (Leith Street, etc.) (Areas N, O and P)	..	..	..	..	145	107
				Totals	2,735	6,041

### Individual Unfit Houses

A total of 349 houses were dealt with in terms of Section 15 of the Housing (Scotland) Act 1966 by the making of either Closing or Demolition Orders.

In addition the owners of 36 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupants obtaining alternative accommodation. Twenty-five of these houses were included in Clearance Areas or Comprehensive Development Areas.

The following table shows the number of individual unfit houses dealt with since 1923:—

**Housing (Scotland) Acts, 1919-1969**

				<i>No. of houses</i>	<i>Population</i>
Housing (Scotland) Acts 1919-30	..	..	..	2,325	7,417
Housing (Scotland) Acts 1950-69	..	..	..	3,609	7,957
			Total	5,934	15,374
Voluntary Undertakings from Owners	..	..	..	582	1,647
			Totals	6,516	17,021

**Overcrowding**

Certificates relative to overcrowding in dwellinghouses were submitted to the House-letting Department on behalf of 921 applicants for Corporation houses and the Department rehoused 725 families from overcrowded houses or overcrowded sub-let rooms.

**Re-housing Visits**

During the year houses and household effects of 7,805 prospective Corporation tenants were examined by the District Inspectors and none of that number was found to be bug-infested.

**Housing (Repairs and Rents) (Scotland) Act 1954 and Rent Act 1957**

No applications were received during the year for certificates of disrepair or revocation certificates under the above-mentioned Acts.

**GENERAL SANITATION****Nuisances and Structural Defects**

During the year the total number of structural defects and nuisances which were dealt with and abated was 4,074. Of that number 1,329 were notified by citizens, 22 were reported by other Corporation Departments and 2,723 were discovered by the District Inspectors. These nuisances required the service of 1,273 notices for their removal. Details of nuisances and defects remedied are given in Appendix I.

A number of complaints have been received throughout the year about maintaining cleaning rosters for common stairs and passages in the newer council housing schemes, where more than one access is provided to the building and there are perhaps common areas for storage, refuse chutes, launderettes, etc. Many of the cleaning arrangements already made, while as equitable as possible for the tenants, might be difficult to prove in Court as buildings with more than one access stair are not envisaged in the byelaws. However the co-operation of the tenants is in most cases readily forthcoming and it is hoped that the stair-washing byelaws will be suitably amended in the near future.



## Hairdressers and Barbers

There are 366 registered hairdressers and barbers in the City operating from premises which have been approved and registered for the purpose in accordance with the Edinburgh Corporation Order and byelaws made thereunder.

These premises are inspected at regular intervals with particular reference to cleanliness and suitability of equipment. Improvements continue to be made as a result of these visits.

In collaboration with the Medical Officer's staff, a special call was made to each establishment with a view to instituting an annual X-ray of all hair-dressing personnel.

## Caravan Sites

There are now seven registered caravan sites operating within the City in terms of the Caravan Sites and Control of Development Act 1960. In addition an exempted organisation has issued certificates in respect of a few "night stop" sites. There are however still a number of caravans being used for residential purposes on sites for which no such development has been authorised by the local authority. In one case it was necessary to take enforcement action for the removal of four caravans from an unsuitable and unregistered site.

During the year regular routine inspections have been made to ensure that the conditions of licence were being observed.

During the summer months of the year under review it was apparent that insufficient holiday site accommodation was available to cope with the number of caravans coming into the city. On one holiday site gross overcrowding was frequently found and efforts are being made to ensure that such situations do not occur in future.

## Registered Caravan Sites

Little France Farm	..	..	Residential Site for 30 Caravans
Little France Farm	..	..	Holiday Site
Eastfield, Joppa	..	..	Residential Site for 8 Caravans
Liberton Gardens	..	..	Residential Site for 1 Caravan
Niddrie Road	..	..	Residential Site for 1 Caravan
Straiton Road	..	..	Residential Site for 110 Caravans
Muirhouse (Edinburgh Corporation)			Holiday Site.

## Offensive Trades

Following the practice of previous years inspection of premises used for the purpose of offensive trades was carried out at regular intervals to ensure compliance with the Byelaws regulating these trades.



The number of registered offensive businesses registered in the city comprises six hide and skin factors, one tripe dresser, two fellmongers, one blood and bone boiler, one gut scraper and one tanner, making a total of 12 in all. This is one fewer than last year, following the departure from Edinburgh of an old established glue manufacturing firm on the west side of the City.

During the year complaints of smell nuisance were received in respect of two of the offensive trades necessitating investigation and visits to the premises. The source of nuisance was primarily due to the accumulation of untreated materials during the holiday period and steps were taken to neutralise the offensive smell by the use of chlorine and other deodorants.

Seagulls, encouraged by the exposure of raw materials caused annoyance to residents in the vicinity of a glue manufacturer by roosting on nearby roof tops and fouling pavements and properties. This situation was resolved when the offensive trade in question closed down and moved to another area.

It is fair to say that the offensive trades were, at one time considered to be suitably sited in isolated positions so far as residential property was concerned. The situation has changed over the years with the expansion of housing developments and these businesses now find themselves, in many cases, closely surrounded by private dwellings with the consequent risk of an increased number of complaints.

Early in the year numerous complaints, including a petition, were received of offensive smell from the processing of animal offals in premises recently taken over for the manufacture of pet foods. After lengthy negotiations with the firm concerned, arrangements were made for the installation of a fume extraction system. It is hoped that, when completed, the system will prove effective. Because of the processes involved in pet food manufacture, it may be necessary to consider its inclusion in the list of statutory offensive trades.

### **Common Lodging Houses and Houses Let-in-Lodgings**

Details of Lodging Houses and other houses controlled by the Byelaws are given in Appendix 4.

During the year one lodging house, 24, 26 and 28 Broughton Place, and one house let-in-lodgings, 1 and 3 Blair Street, closed down. In both cases, economic difficulties were given as the reasons for closure but it has meant a loss of 188 beds in this type of accommodation within the city. Whilst a decrease in the demand for lodging house accommodation has been noticeable any further closures could give rise to hardship and it is intended to keep a close watch on the availability of beds in the remaining lodging houses.

Regular inspections of these premises were carried out during the year to ensure compliance with the terms and objects of the Byelaws.

### **Swimming Baths**

Sampling of swimming bath water was continued throughout the year. Some 50 visits for sampling purposes were spread over 29 ponds in the city, including Portobello Pool and school baths.

Of the 276 samples taken, 89 were for chemical analysis to determine the residual amount of chlorine in the water and check the efficiency of the sterilising equipment. A further 50 samples were tested to ascertain the pH value and general condition of the water. The remainder, which included 49 surface water skims, were submitted for bacteriological examination to the laboratories in the Western General Hospital.

Apart from a few isolated cases, where adjustments were necessary following upon unsatisfactory counts, the results were reasonably satisfactory.

To complete a full cycle of visits to the various swimming baths takes about eight months which is rather too long a period. In future it is hoped, with the co-operation of the City Analyst and staff of the Western General Laboratory Service to double the number of samples to be taken. Conversely this in turn, will reduce the time lag between return visits to each swimming bath and ensure more up to date information on plant efficiency.

### **Water Sampling**

During the year 263 samples of drinking water were submitted for bacteriological examination. As in previous years the bacterial quality was satisfactory. In some instances, however, cleaning of the domestic water cistern was required.

Chemical samples taken during the year were satisfactory.

### **Launderettes and Drycleaners**

New applications for these installations continue to be carefully scrutinised and of the ten new proposals made this year five were refused by the Planning Committee chiefly on grounds of probable loss of amenity and the likelihood of nuisance arising.

In two cases of refusal the applicants put forward new proposals incorporating improvements and additional plant required by this Department and the new plans were accepted and planning permission granted.

In another case of refusal however, the applicant appealed to the Secretary of State on the grounds that to convert a shop into a launderette did not constitute a change of use within the meaning of the Schedules to the Town & Country Planning (Use Classes) Order 1950.

The result of the appeal has not yet been published, but should it be granted the need for a new Class into which launderettes and dry-cleaners, shoe repairers, fried fish shops and other nuisance-prone businesses could be put becomes really pressing, since some control over the siting and equipment of these installations is essential.

One new dry-cleaning installation using perchloroethylene has given serious trouble from solvent fumes and noise in the houses above and it is becoming increasingly obvious that the siting of units using this solvent requires specially careful consideration when near houses and that an activated carbon or refrigerant recovery unit should be insisted on as an essential part of the system.

## NOISE ABATEMENT

The pattern of complaints of noise nuisance was very similar to last year and may be summarised as follows:—

	<i>Industrial</i>	<i>Domestic</i>	<i>Traffic</i>
Complaints received . .	112	82	8
Visits made . .	405	189	19
Nuisance abated . .	45	29	—
Improvement obtained . .	1	—	—
*No statutory action taken	35	40	8

\* These are cases in which the noise complained of is not considered to be a nuisance under the Act because of one or several of the following reasons: (a) its sound pressure level is lower than that given as acceptable in any of the criteria; (b) its occurrence is too infrequent or transient; (c) the best practicable means are already being taken to reduce the noise; (d) no practicable means of abatement exists, as, for example, with many traffic noise complaints.

Structure-borne noise from compressors and other light machinery in shops below houses continues to be a difficult source of nuisance with which to deal, and in these cases every effort to reduce vibration transmission is made regardless of the airborne noise level which is often very low.

Noise from entertainment sources is on the increase, with public houses employing guitar groups and juke boxes for the entertainment of customers, and many church halls turning into discotheques on Saturday night. Most of these complaints have proved relatively easy to deal with by remounting speakers or by improving the air and structure borne insulation.

## RODENT AND INSECT CONTROL

### Rats and Mice

The advisory pest control service provided by the Department has functioned satisfactorily during the year, and in only a very few cases has the advice offered by the pest control staff not been immediately accepted and acted upon. There were no major infestations reported or discovered which is a pleasing feature when considered against the amount of demolition and other site works being carried out in the City at the present time.

No official baiting service is provided by the Department but where premises were found to be infested occupiers were advised as to the best means of removing the nuisance and preventing recurrence. In most cases, the pest control staff select the best baiting points, start the treatment necessary and then instruct the occupiers on how to complete the control measures taken. Difficulty is still occasionally experienced in maintaining a concentrated baiting programme in the larger tenement blocks where perhaps there is a widespread though moderate mouse infestation.

There is some evidence of warfarin resistance among the rodent population of the City but satisfactory results have been obtained by using other anticoagulant rodenticides containing the active ingredient chlorophacinone or coumatetralyl. Alphacloralose, which has a narcotic action, has also been used with good results.

A proportion of infestations are aggravated by the failure of householders to exercise care and attention to conditions which might attract vermin. Improper storage of refuse, careless feeding of birds and domestic animals, lack of cultivation in garden areas, dumping on vacant sites, inadequate rat-proofing of garden sheds and many other relatively minor matters combine to provide attractive sources of food or harbourage. Again the need for strict supervision on buildings and demolition sites is stressed to prevent infestations and subsequent spread to surrounding properties. Water courses are also prone to rodent infestation and surveys are carried out along the banks as frequently as possible.

At appropriate times of the year, the attention of all farmers was drawn to the terms of the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order 1950 and all agricultural holdings, farms, piggeries, etc., were visited and inspected.

The co-operation of the City Engineer's staff was of considerable value in having drains tested and repairs carried out where necessary. Similarly the assistance of the Department of Agriculture and Fisheries in vermin control and the Royal Scottish Museum for the classification of insect pests is acknowledged.

Details of premises visited, complaints and other matters dealt with are shown in Appendix 8.

### **Insect Infestation**

The number of apartments treated for infestations of cockroaches, bugs, fleas, wasps and other insects during the year again showed an increase to a total of 714 compared with 685 in the previous year and 460 in 1967.

Again no anti-fly campaign was carried out this year.

## **ATMOSPHERIC POLLUTION**

### **Industrial Smoke**

During the year 783 visits were made to boiler-houses and the number of applications for prior approval of new boiler installations was 28, of which 26 were oil-fired. Two existing chimneys were altered in height.

### **Legislation**

During the year the Government made the necessary Orders to bring various Sections of the Clean Air Act 1968 into effect and its major provisions regarding dark smoke, smoke control areas and grit, dust and fumes arrestment are now in operation.

It is now an offence to buy or sell any solid fuel, other than an authorised fuel, for use in a smoke control area unless the fireplace or boiler in which the fuel is to be used is exempt from the operation of the smoke control order.



## Domestic Smoke

Smoke Control Orders were made for Murrayfield/Cramond No. 3 Area, Part I and Pilton No. 1 Area but owing to the current crisis in solid smokeless fuel supplies these will not come into operation until 1st April 1971, by which time smokeless fuel production should again be able to meet the demand.

Patrols were made in existing Smoke Control Areas for the burning of bituminous fuels and warnings issued where necessary.

## Air Pollution Measurement

Volumetric Meters—There are nine smoke measuring stations operating within the city and visits in connection with the supervision of all the recording apparatus totalled 2,512.

## FACTORIES ACT 1961

The tabulated statement showing the prescribed particulars on the administration of the Factories Act as required by Section 153(1) is shown at Appendix 5.

A statement of inspections made and defects remedied is shown at Appendix 6.

## SHOPS ACT 1950

Although the year has, in the main, been uneventful with regard to the Shops Act, two incidents occurred which served to emphasise the weaknesses and lack of flexibility in this rather out-dated piece of legislation.

For most of the year, the "Royal Mile" in the vicinity of the Castle is, in the evening, fairly quiet, almost deserted, but during the three weeks of the Festival, over two hundred thousand people throng its thoroughfare, going to and from the evening performances of the Military Tattoo. It is little wonder that shopkeepers here, whose trade is largely of a seasonal nature, wish to take advantage of this passing trade and which continues passing beyond the magical hour of 8 p.m. when the selling of anything except sweets, ice-cream, and table waters becomes an offence against the Act (although the logic of these exceptions has never appeared clear).

Following complaints from shopkeepers in other parts of the town that some "Royal Mile" shopkeepers had succumbed to the temptation to keep their shops open too late, a few who did not heed a warning were reported to the Procurator Fiscal and subsequently appeared in Court, where modest fines were imposed.

This raises the question as to how far shopkeepers in a Tourist Centre such as Edinburgh should be allowed to cater for the public on special occasions such as the Festival. It is true that the Shops Act does permit local authorities to alter closing hours in "holiday resorts and in places where sea fishing is carried on", dependent on a majority of shopkeepers being in favour; also closing hours may be suspended on not more than seven special occasions each year. The Act, however, offers no adequate protection or worth while remuneration for assistants in these circumstances.



The second incident concerns a shop near but outside an "Early Closing Day Exemption Area" which began unlawfully to be kept open for six-day trading, while the assistants began to enjoy a five-day working week.

Following a warning as to the illegality of the position, the closing of the shop for a weekly half holiday was resumed—while the assistants reverted to a five-and-a-half day working week!

There is reason to believe that the proportion of assistants enjoying a five-day working week is higher in the Early Closing Day Exemption Areas (of which there are two in the City) than elsewhere.

It would seem, therefore, that the Government's stated view, that the abolition of statutory controls may come to be recognised as the right way of achieving greater flexibility in retail trading hours, is a sound one.

### OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The policy of continuously revisiting office and shop premises street by street throughout the City was continued during the year and details of the 5,061 General Inspections and visits made are shown in Appendix 7.

As a result of Notices issued following previous visits, it was found that some 2,600 improvements had been effected and while contraventions of the Act continue to be found, the general state of compliance is not unsatisfactory.

A gratifying feature in the operation of the Act is that for the fourth successive year no fatal accidents have been reported; nor have any accidents involving young persons cleaning moving parts of machinery been brought to the Department's notice.

An extension of the Act's application occurred at the middle of the year when the Hoists and Lifts Regulations 1968 came into operation. There lay a general responsibility on the owners or occupiers of premises to which the Act applies to ensure that all lifts are of good mechanical construction, sound material and adequate strength and that they are properly maintained.

All mechanically operated lifts must be inspected every six months by a competent person; hand operated every twelve months. The competent examiners are normally lift engineers employed by Insurance Companies or by Lift Maintenance firms. This is a wise provision, since, while Local Authority Inspectors can acquire and have acquired, as the result of short courses, a working knowledge of the elementary principles of lift engineering, the operation and safety devices of lifts are controlled by sophisticated mechanisms with which only specialists could be thoroughly familiar.

Where an inspecting engineer finds any fault which could impair the safety of a lift, a copy of his report is forwarded to the Local Authorities concerned. Failure by a lift owner to rectify any such faults within a specified time would constitute a contravention of the Regulations.

While the Regulations have been in operation for only six months, it is apparent from reports received that inspecting engineers, very rightly impose strict standards of safety in lift maintenance and the Regulations should be of value in ensuring that these are maintained.

## FOOD HYGIENE

The first decade in the operation of the Food Hygiene Regulations 1959 has now passed. Like all important new legislation they were widely publicised when first introduced but the novelty has disappeared and the Regulations with their wide implications have now come to be accepted by owners and occupiers of food premises. This is borne out by the manner in which inspectors are received on their routine visits to food establishments.

Standards are generally satisfactory but the smaller business with their tendency to become mini-supermarkets give cause for concern over the lack of suitable storage facilities. However 10 years of education and experience of the law have given ample time for people to become aware of their responsibilities and whilst the policy of close co-operation will always be maintained any trader found keeping premises in an unhygienic manner cannot now plead ignorance and he must expect firm action to be taken against him.

### Pre-heaters

Sample temperature checks of the apparatus used for heating pies, sausage rolls, etc. in snack bars and public houses, were carried out during the year and this revealed an unsatisfactory situation. Under the Food Hygiene Regulations food which has been heated in the course of preparation shall on being re-heated be raised to a temperature of not less than 180°F. before being served for consumption. The danger of such commodities being *warmed up* only can lead to a definite food poisoning risk and in the vast majority of heaters the required temperature was not attained, a few operating as low as 110°F. Letters were therefore sent out to all such establishments operating these heaters, drawing their attention to the requirements of the Regulations and requesting that the matter be put right. Further investigation will be made into this question.

The Napier College of Science & Technology again ran courses on Food Handling qualifying candidates for the Certificate of the Royal Institute of Public Health & Hygiene. These were again well attended and preparations are being made to hold a Diploma Course next year.

At the request of the area Hospital Board a talk supplemented by a film was given to most of the hospitals in the City. Other organisations also benefited from similar undertakings by the Food & Drugs Section staff.

Despite numerous warnings a small establishment used for the preparation and packing of mussels failed to achieve a satisfactory standard of hygiene on the premises. A complaint was sent to the Procurator Fiscal and after a plea of guilty was tendered, the occupier was fined £20.

### Complaints

The number of complaints received concerning food stuffs was 128, an increase on last year's figure. It may be that the publicity given to the recent Trades Description Act has caused the public to become more aware of their right to complain.

The nature of the complaints concerning foreign bodies found in food-stuffs ranged over insects, metal, cigarette end, hair, glass, wood, etc., and a number of dirty milk bottles.

In one complaint where a purchaser found a cockroach in a bag of potato chips, the matter was reported to court, along with a complaint of unhygienic premises. A fine of £40 was imposed.

An unusual complaint was made by a student who, in all good faith, submitted a bottle of vodka, which he stated, when opened, contained nothing but water. The statement was treated with suspicion but as witnesses corroborated the complaint, the matter had to be investigated. An official sample was duly taken at the off-licence premises, where it was purchased and this proved genuine. Before proceeding further, the complainer and witnesses were subjected to further detailed questioning but did not change their story. It was impressed on them that the episode could be the result of a practical joke but the complainer could not envisage how this might have happened.

It was then decided that the water in the bottle should be chemically analysed and the report from the Public Analyst showed that it was similar to the water of the district in which the complainer lived. As a further check, the health authorities of the district in the south of England where bottling was carried out, were contacted and asked to provide a specimen report of a chemical analysis of their drinking water, and this proved, as expected, quite different.

Meanwhile, the complainer had contacted the office by telephone to report that someone had owned up to playing a joke on him. It is thought he was more worried about possible legal proceedings than losing his bottle of spirits.

#### FOOD HYGIENE (SCOTLAND) REGULATIONS 1959-66

Inspections	..	..	..	..	..	..	..	6,198
Contraventions	..	..	..	..	..	..	..	2,148
Intimations	..	..	..	..	..	..	..	586
Improvements:—								
Personal Hygiene	..	..	..	..	..	..	..	32
Wash-hand basins	..	..	..	..	..	..	..	172
Sinks ..	..	..	..	..	..	..	..	96
Temperature Control of Food				..	..	..	..	53
Cleanliness of Equipment, etc.				..	..	..	..	234
Structural Improvements	..	..	..	..	..	..	..	1,130
Vehicles	..	..	..	..	..	..	..	6
Sanitary Conveniences	..	..	..	..	..	..	..	195
Total								1,918

#### FOOD AND DRUGS (SCOTLAND) ACT 1956

During the year 1,639 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims on the labels. Of these, 254 were statutory samples,

which represented 35 different articles of food and drugs. Mr Peter J. G. Holliday, City Analyst, reported 6 or 2.36% as failing to comply with the legal requirements.

## New Legislation

New legislation which became operative during 1969 included:—

The Solvents in Food (Scotland) Regulations 1968.

The Canned Meat Product (Scotland) Amendment Regulations 1969.

The Food (Control of Irradiation) (Scotland) Amendment Regulations 1969.

## Milk

The number of statutory samples of milk examined was 94, all of which were reported to conform with the requirements of the Sale of Milk Regulations 1901. The average fat and non-fatty solids content of the samples was 3.67% and 8.78% respectively, which is much in excess of the presumptive standard of 3% and 8.50%.

## Channel Islands Milk

The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations 1967, prescribe a minimum standard of 4% by weight for the milk fat content of milk sold under the description of "Jersey". Eighty-one samples of Jersey "Premium" Milk were submitted for chemical analysis. The City Analyst reported that all the samples contained at least 4% milk-fat. The average fat content of the samples was 4.90%.

## School Milk

The milk supplied to the City Schools under the Milk-in-Schools scheme is of the "Pasteurised" grade. Of 86 samples taken, the average milk-fat was 3.68%.

## Ice Cream

The number of premises registered under the Ice Cream (Scotland) Regulations 1948 at 31st December 1969 for the manufacture, storage and sale of ice cream was 171, thirteen less than last year and the number of vehicles registered for the sale of the commodity was 105 a decrease of seventeen.

There were 68 samples of ice cream taken from manufacturers and vendors in the City and submitted to the City Analyst for chemical examination. All samples complied with the standards laid down in the Food Standards (Ice Cream) (Scotland) Regulations 1959. In addition 179 samples were sent for bacteriological examination.

The majority of the 75 unsatisfactory results occurred during the warm summer weather when the demand for ice cream was greatest. When pressure is on sales, the cleaning of equipment is apparently less thoroughly done. The premises concerned were visited and the importance of cleaning and sterilizing all parts of equipment was stressed.



## **Preservatives in Food**

Thirty-three samples of mince were purchased from various butchers' shops and six were reported to contain preservative contrary to the Preservatives in Food (Scotland) Regulations 1962. Legal action was taken against the offenders, each of whom pleaded guilty and fines totalling £80 were imposed.

Sixty-three samples of sausages of various descriptions were procured for chemical analysis. The City Analyst reported that, of these samples, 43 contained preservative within the limits specified by the Preservatives in Food (Scotland) Regulations 1962, and the other 20 were found to be entirely free from preservatives.

## **Meat Pies**

Fifteen meat pies ranging in price from 8d. to 1/1d. each were purchased from various shops and submitted for examination. The City Analyst reported that with the exception of one sample the meat content of all the pies complied with the requirements of the Meat Pie and Sausage Roll (Scotland) Regulations 1967.

## **The Fertilisers and Feeding Stuffs Act 1926**

Inspections were made of premises within the city where fertilisers and animal feeding stuffs are prepared for sale and consignment and five samples of feeding stuffs and three of fertilisers were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These were certified to conform to the statutory statements in all respects with one exception, viz. a sample of Growers Mash which was found to be below the guarantee in oil.

## **The Merchandise Marks (Imported Goods) Orders**

Inspections were made of business premises in the city in connection with the marking of certain imported foodstuffs, which under the relevant Orders, must, on exposure for sale, bear an indication of the place of origin. It was found that generally, the provisions of the various Orders in Council made under the Merchandise Marks Act 1926 now repealed and continued in force, for three years, by the Trades Descriptions Act 1968, were being complied with.

## **The Pharmacy and Poisons Act 1933**

The number of applications received from persons and firms desirous of being registered by the Local Authority for the sale of poisons included in Part II of the Poisons List was 147. This is a decrease of 37 over last year. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Act were fulfilled.

## **The Rag Flock and Other Filling Materials Act 1951**

At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 14. This is an increase of two over last year.



During the year a licence was granted to one firm to store rag flock on their premises in accordance with the provisions of Section 7 of the Act. Eleven samples of various kinds of specified filling materials were taken from registered premises in the City and submitted for testing to the City Analyst. The respective samples of washed flock, hair and feathers were submitted to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations 1961 and 1965. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

## Milk Supervision

The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act 1914 was 903 at 31st December 1969. In addition 17 milk vending machines were registered. The occupiers of the premises hold licences under the Milk (Special Designations) (Scotland) Order 1965, for the sale of the various grades of milk, viz. "Premium", "Standard", "Pasteurised", "Sterilised" and "Ultra Heat Treated".

**Bacteriological examination**—During the year 467 samples of the various grades of milk were submitted for examination to the Central Microbiology Laboratories of the Western General Hospital, to determine the cleanliness of the milk and, where the samples were heat-treated milk, tests were applied to determine the efficiency of the heat-treatment. The results of the various tests are to be found in Appendices 9 and 10.

**Processing Plants**—Five firms hold licences to pasteurise milk. The efficiency of these plants in heat-treating milk is shown in the very satisfactory results obtained on samples of processed milk; every sample of pasteurised milk passing the phosphatase test and every sample of sterilised milk passing the turbidity test. The dairy equipment and ancillary items were found on regular inspection to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

One creamery, during the year, installed two stainless steel insulated raw milk storage tanks with capacities of 3,000 and 1,000 gallons respectively. They also installed a new clarifier and a new homogeniser for homogenised milk and two high speed bottle fillers for pasteurised milk. "In place" cleaning equipment was introduced for four raw milk storage tanks, two treated milk storage tanks and all bottle fillers and stainless steel pipe lines within the bottling hall. Another firm, to meet the demand for milk in non-returnable containers, installed a rotary carton filling machine which erects and fills one pint polythene lined gable top cartons. The method of distributing milk in single service containers is growing in popularity and when the number of these one pint packs supplied to the general public are added to the  $\frac{1}{2}$  pint and  $\frac{1}{3}$  pint tetra packs going to shops and schools it accounts for about one-third of their total output.

**"Premium" Milk**—The "Premium" Milk sold in Edinburgh comes mainly from farms outside the City boundary. A note of the unsatisfactory results was, in each case, sent to the Sanitary Inspector for the area where the milk was produced and bottled and to the Manager of the Creamery distributing the milk in Edinburgh. Repeat samples were taken and in most cases the results showed that an improvement had been effected.

**Brucella abortus**—Samples of "Premium" Milk from one farm was reported to give a positive reaction to the Milk Ring Test, a suspicion of the

presence of *Brucella abortus* in milk. It was later confirmed by a positive culture. An investigation was carried out by the County Sanitary Inspector at the farm concerned and the producer made every effort in conjunction with the officers of the Royal (Dick) Veterinary College to eradicate the trouble. Meanwhile it was decided to recommend that, until the source of the infection was found, all the milk produced on the farm should be pasteurised. The farmer immediately agreed to sell no milk from his herd except for pasteurisation.

**Cream**—There is at present no statutory standard for the hygienic quality of fresh cream.

Of 35 samples of various descriptions of cream which were taken at shops and wholesalers' premises 24 had a standard of bacterial cleanliness that could be considered satisfactory as judged by the plate count and coliform tests.

The very high bacterial count with coliform organisms present in 11 of the samples of cream again emphasises the need for a statutory hygienic quality standard.

## PORT SANITARY INSPECTION

### Shipping Arrivals

During the year arrivals at Leith Docks and Granton Harbour numbered 1,931 vessels with a total net tonnage of 1,419,529 tons.

Fishing vessels numbered 414 with a total net tonnage of 31,396 tons.

Vessels	Number	Tonnage	No. of Crew	Passengers	
				Inwards	Outwards
Foreign ..	1,154	792,499	18,977		
Coastwise ..	777	627,030	11,091		
<b>Fishing:—</b>					
British ..	383	29,651	4,890	11,269	13,537
Foreign ..	31	1,745	200		
<b>Totals ..</b>	<b>2,345</b>	<b>1,450,925</b>	<b>35,158</b>	<b>11,269</b>	<b>13,537</b>

### Sanitation

Under the Public Health (Scotland) Act 1897, it is the duty of the Local Authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district.

Routine inspection of crew's spaces have been carried out. Nuisances, together with structural defects caused by wear and tear and other matters considered prejudicial to health have been dealt with.

In carrying out inspections consideration has been given to the Merchant Shipping (Crew Accommodation) Regulations. The Regulations have proved helpful in assisting the co-operation between the Ministry of Transport Surveyors and the Port Sanitary Inspector in assessment of the general standard desirable in ship accommodation.

The cleanliness of toilet facilities, transit sheds, warehouses and quaysides is an important part of dock sanitation. The Port Authority continues to maintain a very high standard of cleanliness, the roads, sheds and sanitary conveniences being regularly attended to throughout the year.

## Rodent Control

During the year 122 International deratting exemption certificates were issued and in addition 1 rodent control certificate was issued in respect of a vessel engaged in coastwise trade. In four cases it was necessary to request steps to be taken for the destruction of rats aboard ships. Inspections, however, continue to show that rat-proofing measures incorporated in the construction of new vessels reduce rat harbourage to a minimum. In older vessels rat-proofing is proceeding with successive surveys.

The Port Authority continues its campaign to control the rat and mouse population in the dock area by maintaining a systematic baiting programme. The total number of rats killed on board ships, on quays, wharfs and sheds during the year totalled 646 and 290 mice were also exterminated.

On 1st July 1969, Methil became an "approved port" for the issue of deratting exemption certificates only, under the administration of the Fife County Council.

Kirkcaldy becomes an "approved port" on 1st January 1970 but again only deratting exemption certificates will be issued by Kirkcaldy Town Council.

## Water Supply

The drinking water supplied to ships is delivered by hydrants situated at the dockside. These hydrants were regularly inspected and drainage and other defects promptly dealt with by the Forth Port Authority. Routine samples of drinking water were taken from ships.

## Clean Air

The reduction in the number of warnings that were necessary indicate a greater awareness of the need to prevent smoke nuisances. This is also reflected in the prompt and effective response that follows verbal warnings.

When black smoke has been observed enquiries have revealed that the cause is mainly due to mechanical breakdown, dirty burners, fan adjustment or inattention by a member of the engine-room staff.

## Factories

Inspection of the sanitary accommodation in factories was carried out and in general they were found to be maintained in a good state of repair and cleanliness. Minor irregularities were brought to the notice of the management and were given the required attention.

## **Acknowledgements**

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Forth Port Authority, the Ministry of Transport Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

## **PROSECUTIONS**

It was found necessary to institute legal proceedings in 41 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £213 10/-. Details of Prosecutions are given in Appendix 13.

## APPENDIX 1

## NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1969

	WARDS																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
NATURE OF NUISANCE																							
<i>Water Closets:—</i> Water closets introduced .. .. New apparatus substituted .. .. Improved or repaired .. .. Water closets cleansed .. .. Choked water closets cleared .. ..	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
	9	2	4	4	3	—	2	2	—	3	1	1	3	—	—	2	1	1	1	1	1	2	—
	2	2	—	—	1	—	—	—	—	1	1	—	—	—	1	—	—	1	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Sinks, Tubs and Wash-hand Basins:—</i> Insanitary sinks abolished .. .. Repairs (woodwork, etc.) .. .. Choked sinks, wash tubs, etc. cleared .. ..	2	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	
	—	2	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Drains:—</i> Choked drains cleared .. .. Choked surface traps cleared .. .. Drains repaired or renewed .. .. Soil pipes repaired or renewed .. .. Sinks, etc., waste pipes repaired or cleared .. ..	9	5	1	2	2	1	—	—	—	1	—	—	—	4	4	1	—	1	1	1	1	2	—
	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	
	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Water Supply:—</i> Cisterns found dirty .. .. Cisterns found without covers .. .. Cisterns repaired or renewed .. .. Water pipes repaired or renewed .. .. Houses temporarily without water supply .. ..	—	—	—	2	—	—	—	—	—	2	—	—	4	1	3	1	3	—	1	1	—	2	—
	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	—	1	1	—	—	
	1	1	1	—	—	—	—	1	—	—	—	—	—	—	3	—	—	1	1	—	—	—	
	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	5	1	1	1	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—	—	—	—	



## NATURE OF NUISANCE

## WARDS

Totals

*Repairs to Houses:—*  
 Floors, hearths, doors, walls, etc., repaired  
 Windows and skylights repaired  
 Grates or ranges repaired  
 Wall and ceiling plaster repaired  
 Defective roofs repaired

*Nuisances abated in Houses and Other Premises:—*  
 Floors, etc. of houses in dirty condition  
 Bad smells in houses or shops  
 Smoke in houses due to defective vents  
 Dampness in houses  
 Overcrowded families rehoused  
 Houses flooded due to defects in flat above  
 Animals and birds kept in close proximity to houses

*Stairs, Passages, etc.:—*  
 Staircases painted  
 Staircases and passages in a dirty condition and cleaned by tenants

*General:—*  
 Premises infested by bugs, fleas, etc.  
 Areas, backgreens, roofs, cellars, etc., cleaned  
 Accumulations of refuse near dwellings removed  
 Tenants casting garbage over windows  
 Noise nuisances abated  
 Seasonal workers' huts found dirty and cleansed  
 Miscellaneous nuisances removed

Totals

## Summary of Nuisances abated in 1969

Complaints by Citizens . . . . . 1329  
 Complaints by other Departments . . . . . 22  
 Nuisances discovered and reported by District Inspectors . . . . . 2723  
 Total abated nuisances dealt with by Inspectors . . . . . 4074

Number of visits to:—

## APPENDIX 3

Intimations of Existences of nuisance served .. .. .	269
Notices to remove nuisances served at the instance of the Local Authority .. .. .	123
Notices served cautioning persons against casting garbage over windows .. .. .	370
Notices served on occupiers failing to take rotation of stair washing and sweeping .. .. .	386
Notices served for the cleaning of dirty areas, cellars, etc. . . . .	109
Notices served in connection with painting of common stairs .. .. .	2,936
Notices served in connection with cleaning of water cisterns .. .. .	16
Notices served under Offices, Shops and Railway Premises Act 1963 .. .. .	884
Total .. .. .	5,093

## APPENDIX 4

## COMMON LODGING HOUSES

Ward	Address	Accommodation	
		Males	Females
	EDINBURGH		
1	75 Grassmarket . . . . .	280	—
1	3 Merchant Street . . . . .	—	52
1	1 Pleasance . . . . .	90	—
1	5 The Vennel, Grassmarket . . . . .	—	89
	LEITH		
19	5 Parliament Street . . . . .	168	—
	Totals . . . . .	538	141

## HOUSE LET IN LODGING

Ward	Address	No. of Houses	No. of Occupants
1	72 Grove Street . . . . .	1	164

## APPENDIX 5

## FACTORIES ACT 1961

Prescribed particulars on the administration of the Act.

## 1. Inspections

Premises	No. on Register	No. of Inspections	No. of Notices	No. of Prosecutions
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority . . . . .	42	20	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority . . . . .	1,651	340	10	—
(iii) Other premises in which Section 7 is enforced by the Local Authority, including outworkers' premises . . . . .	20	15	—	—
Total . . . . .	1,713	375	10	—

## 2. Defects Found and Remedied

Particulars	Number of cases in which defects were found				Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) .. .. .	9	8	—	—	—
Overcrowding (S.2) .. .. .	—	—	—	—	—
Unreasonable temperature (S.3) .. .. .	—	—	—	—	—
Inadequate ventilation (S.4) .. .. .	1	—	—	—	—
Ineffective drainage of floors (S.6) .. .. .	—	—	—	—	—
Sanitary conveniences (S.7):—					
(a) Insufficient .. .. .	3	5	—	1	—
(b) Unsuitable or defective .. .. .	35	53	—	—	—
(c) Not separate for sexes .. .. .	1	2	—	—	—
Other offences (not including offences relating to outworkers) .. .. .	9	9	—	—	—
Total .. .. .	58	77	—	1	—

## 3. Outworkers (Sections 133 and 134)

Number of Outworkers in August lists (i.e. those residing in Edinburgh)	5
Nature of work—Making, etc., of wearing apparel .. .. .	5

## APPENDIX 6

### FACTORIES ACT 1961

#### Statement for 1969

1. Inspections made .. .. .	375
2. Defects Remedied—Health (General Provisions)	
Cleanliness:—	
Accumulations of refuse removed .. .. .	5
Walls and ceilings cleaned .. .. .	3
Sanitary conveniences:—	
Additional water closets introduced .. .. .	2
Water closets or urinals substituted .. .. .	3
Water closets abolished owing to disuse, etc. .. .. .	5
Notices provided indicating convenience for each sex .. .. .	2
Lighting (artificial) provided .. .. .	5
Ventilation provided or improved .. .. .	2
Walls and ceilings cleaned .. .. .	16
Floors cleaned .. .. .	10
Appliances cleaned .. .. .	4
Choked water closets cleared .. .. .	1
Repairs to appliances, roofs, floors, walls, etc. .. .. .	10
Miscellaneous:—	
Abstract of Act found lacking and subsequently displayed .. .. .	9
Total .. .. .	77

## APPENDIX 7

## OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Prescribed particulars to be included in the Annual Report to be submitted to the Ministry of Employment and Productivity under Section 60 of the Act.

TABLE "A"

## Registrations and General Inspections

Class of Premises	Number of Premises newly Registered during the year	Total Number of Registered Premises at end of year	Number of Registered Premises receiving one or more General Inspections during the year
Offices .. .. .	109	2,458	807
Retail Shops .. ..	265	3,373	998
Wholesale Premises ..	11	301	86
Catering Establishments ..	26	556	175
Fuel Storage Depots ..	—	—	—
Totals .. .. .	411	6,688	2,066

TABLE "B"

Number of visits of all kinds (including General Inspections) to registered premises 4,437

*Note:*—In addition, visits were paid to 624 premises found to be excepted from the Act by reasons of self-employment, etc.

TABLE "C"

Analysis by workplace of persons employed in registered premises at the end of the year.

Class of Workplace	Number of Persons Employed
Offices .. .. .	37,124
Retail Shops .. ..	20,577
Wholesale Premises ..	3,210
Catering Establishments open to public ..	6,013
Canteens .. .. .	494
Fuel Storage Depots ..	—
Total .. .. .	67,418
Total Males .. ..	28,582
Total Females .. ..	38,836



TABLE "D" — Exemptions

Class of Premises	Number of Exemptions current at end of year	During the year					Appeals to Court
		Number of Exemptions			Number of Applications		
		Newly Granted	Extended	Expired or Withdrawn	Refused	Opposed by Employees	
PART III—Sanitary Conveniences (Section 9)							
Offices ..	—	—	—	1	—	—	—
Retail Shops ..	5	2	—	2	—	—	—
Wholesale Premises ..	—	—	—	—	—	—	—
Catering Establishments	—	—	—	—	—	—	—
Fuel Storage Depots ..	—	—	—	—	—	—	—

TABLE "E" — Prosecutions

No prosecutions were instituted during the year.

TABLE "F" — Inspectors

Number of Inspectors appointed under Section 52 of the Act .. .. .	4
Number of other staff employed for most of their time on work in connection with the Act .. .. .	1

## APPENDIX 8

## PREVENTION OF DAMAGE BY PESTS ACT 1949

The following number of properties were surveyed under the Act:—

Number of properties surveyed .. .. .	3,581
Number of properties found infested .. .. .	228
Number of properties cleared .. .. .	248
Number of revisits .. .. .	522
Number of items of repair carried out .. .. .	62
Electricity junction boxes baited .. .. .	2
Sewer manholes baited .. .. .	4
Notices served under Prevention of Damage by Pests Act 1949 .. .. .	—
Total visits made .. .. .	11,017

APPENDIX 8 (contd.)

COMPLAINTS OF RAT AND MOUSE INFESTATION

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received	101	91	50	43	80	42	41	68	119	64	75	58	100	54	56	67	52	57	84	56	76	77	84	1595
Infestations abated ..	77	67	48	59	72	33	35	64	96	55	64	63	50	49	46	53	34	34	44	31	36	74	56	1240
Visits made ..	383	289	212	213	281	198	195	295	366	255	295	325	408	242	308	323	284	242	417	333	310	390	350	6914

INSECT INFESTATION

The following table shows the number of apartments and infestations treated in each ward—the total number being 714 within 370 premises

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Cockroaches .. ..	1	—	2	1	—	—	2	—	8	10	4	—	2	—	—	—	1	8	—	5	—	—	2	46
Bugs, fleas, lice, etc. ..	28	10	16	10	20	—	—	4	5	7	—	1	24	18	2	7	7	—	40	31	10	18	29	287
Flies .. ..	—	—	1	—	—	—	—	—	8	—	—	—	1	—	—	—	—	—	—	—	2	4	—	16
Wasps .. ..	—	1	2	9	4	15	3	28	6	2	9	18	1	1	2	—	—	6	—	—	1	6	2	116
Miscellaneous .. ..	19	1	—	16	—	3	42	2	—	4	2	—	104	7	2	9	6	3	1	—	7	15	6	249
Totals .. ..	48	12	21	36	24	18	47	34	27	23	15	19	132	26	6	16	14	17	41	36	20	43	39	714

## APPENDIX 9

## THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDER 1965

## Number of Samples taken for Bacteriological Examination

Premium	..	..	..	..	216
Standard	..	..	..	..	6
Pasteurised	..	..	..	..	148
Pasteurised (School)	..	..	..	..	67
Sterilised	..	..	..	..	18
Ultra Heat Treated	..	..	..	..	12
Total	..	..	..	..	467

## APPENDIX 10

## SUMMARY OF RESULTS

## Pasteurised, Sterilised and Ultra Heat Treated Milk

Grade	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Phosphatase Test	Coliform Test	Phosphatase Test and Coliform Test
Pasteurised .. ..	148	143	—	5	—
Pasteurised (School) ..	67	67	—	—	—
Sterilised .. ..	18	17		Turbidity Test	
				1	
				Plate Count	
Ultra Heat Treated ..	12	10		2	

## Premium and Standard Milk

Grade	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Premium .. ..	216	141	37	23	15
Standard .. ..	6	5	—	—	1

## APPENDIX 11

## PORT SANITARY INSPECTIONS

## Annual Statement — Year 1969

Ships boarded and inspected . . . . .	895
Revisits made . . . . .	184
Nuisances discovered . . . . .	274
Nuisances abated . . . . .	269
Communications written . . . . .	8
Verbal warnings . . . . .	176
Ships treated for vermin . . . . .	13
Deratting Certificate . . . . .	Nil
Deratting Exemption Certificates . . . . .	122
Rodent Control Certificates . . . . .	1
Rats exterminated . . . . .	646
Mice exterminated . . . . .	290
Factories—Inspections and revisits . . . . .	30
Clean Air Act—Observations . . . . .	9
Notices served . . . . .	12
Fees collected . . . . .	£317 18s.

## Nuisances Discovered

Accumulations of garbage on ships and shore . . . . .	167
Choked and defective scuppers . . . . .	4
Choked and defective latrines . . . . .	5
Choked and defective sinks . . . . .	3
Choked and defective wash basins . . . . .	9
Dampness in quarters . . . . .	1
Dirty floors, tables, decks, etc. . . . .	5
Dirty bunks and bedding . . . . .	2
Dirty partitions and ceilings . . . . .	3
Dirty lockers . . . . .	5
Dirty and offensive bilges . . . . .	2
Dirty fresh-water tanks . . . . .	1
Dirty galleys, foodstores, pantries, etc. . . . .	5
Dirty washplaces . . . . .	5
Foul closets and latrines . . . . .	4
Foul wash basins . . . . .	4
Foul sinks . . . . .	2
Presence of rats and mice . . . . .	4
Presence of cockroaches . . . . .	9
Emissions of dark smoke . . . . .	10
Fouling of quays . . . . .	24

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## APPENDIX 12

## PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS 1952

## Edinburgh Port Health Authority

## 1. Amount of shipping entering Leith Docks and Granton Harbour in 1969.

	Number	Tonnage
Foreign .. .. .	1,154	792,499
Coastwise .. .. .	777	627,030
Total .. .. .	1,931	1,419,529

## 2. Deratting and Deratting Exemption Certificates.

Issued at	Deratting	Deratting Exemption
Leith .. .. .	Nil	100
Granton .. .. .	Nil	9
Burntisland .. .. .	Nil	8
Kirkcaldy .. .. .	Nil	
Methil .. .. .	Nil	1
Total .. .. .	Nil	122

## 3. Number of vessels subjected to measures of rat destruction in 1969.

## "A"

Number of vessels fumigated	Number of dead rats recovered	Number of vessels in which poisoning, etc., was employed	Number of dead rats recovered	Number of Deratting Certificates issued	Number of Deratting Exemption Certificates issued
Nil	Nil	4	11	Nil	122

## "B"

Number of vessels subjected to measures of rat destruction	On Ships		On Shore		No. of rats found infected by plague	
	Number of dead rats recovered	Number of rats examined bacteriologically	Number of rats destroyed (other than on ships)	Number of rats examined bacteriologically	On Ships	On Shore
4	11	Nil	635	Nil	Nil	Nil



## APPENDIX 13

# Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1969

No.	Nature of Contravention	Act or Regulation Contravened	Court where tried	Result
1	Failure to repair, cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Case deserted, work to be carried out
2	Failure to wash and sweep common stair	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Case deserted
3	Failure to cleanse house occupied by him	Edinburgh Corporation Order 1967, Section 93	Burgh	Fincd £12 10/-
4	Failure to wash and sweep common stair	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished
5	Failure to remove a nuisance consisting of:— (a) Skylight of water closet apartment being in disrepair (b) Kitchen and bedroom window sashes being in disrepair (c) Kitchen sink being in disrepair	Public Health (Scotland) Act 1897, Section 16	Burgh	Court Order granted, work carried out
6	Failure to repair, cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Work to be carried out
7	Failure to repair, cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Work to be carried out
8	Failure to repair, cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Work to be carried out
9	Failure to wash and sweep common stairs	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fincd £3
10	Failure to wash and sweep common passage and stair	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £2
11	Failure to remove a nuisance consisting of smoke nuisance due to defective vent stack	Public Health (Scotland) Act 1897, Section 20	Burgh	Case withdrawn
12	Failure to remove a nuisance consisting of (a) Severe rising dampness (b) Defective woodwork of floor	Public Health (Scotland) Act 1897, Section 20	Burgh	Case withdrawn Work carried out
13	Failure to repair, cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Case withdrawn
14	Selling an article of food which was not of the nature, substance and quality demanded	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Fined £10
15	Failure to keep restaurant basement in a clean condition	Food Hygiene (Scotland) Regulations 1959, Sections 9, 17, 22(2) and (3), 24, 25	Sheriff	Fined £40
16	Preservative in mince	Food and Drugs (Scotland) Act 1956, Section 2 and The Preservatives in Food (Scotland) Regulations 1962, Reg. 4	Sheriff	Fined £15
17	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and The Preservatives in Food (Scotland) Regulations 1962, Reg. 4	Sheriff	Fined £15
18	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and The Preservatives in Food (Scotland) Regulations 1962, Reg. 4	Sheriff	Fined £10
19	Failure to wash and sweep common stairs	Bye-laws for the Cleansing of Common Stairs etc.	Burgh	Admonished
20	Failure to wash and sweep common stairs	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £2
21	Failure to repair, cleanse and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Case deserted Work to be carried out

**Report of Prosecutions instituted by the Sanitary Department  
during the year ended 31st December 1969—continued**

<i>No.</i>	<i>Nature of Contravention</i>	<i>Act or Regulation Contravened</i>	<i>Court where tried</i>	<i>Result</i>
22	Failure to remove a nuisance consisting of (a) Ceiling plaster of kitchen in disrepair (b) Windows of kitchen and bedroom in disrepair	Public Health (Scotland) Act 1897, Section 20	Burgh	Case withdrawn Work carried out
23	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and The Preservatives in Food (Scotland) Regulations 1962, Reg. 4	Sheriff	Fined £10
24	Preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and The Preservatives in Food (Scotland) Regulations 1962, Reg. 4	Sheriff	Fined £20
25	Failure to remove a nuisance consisting of (a) Severe rising dampness in walls of room (b) Wood flooring of kitchen holed and badly uneven	Public Health (Scotland) Act 1897, Section 20	Burgh	Case deserted
26	Failure to repair, cleanse and paint the common stair and passage	Edinburgh Corporation Order 1961, Section 74	Burgh	Case deserted
27	Failure to wash and sweep common stairs	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £1
28	Failure to register a vehicle for the purpose of selling ice cream	Ice cream (Scotland) Regulations 1948, Reg. 4(1)	Sheriff	Fined £5
29	Being the owner, failure to keep a vehicle used for the sale of ice cream in the conditions required	Food Hygiene (Scotland) Regulations 1959, Sections 22(2), (3), (5), (6) and 27: Food Hygiene (Scotland) Amendment Regulations 1966, Sections 3(1) and (2)	Sheriff	Fined £10
30	Failure to remove an accumulation of refuse, etc.	Edinburgh Corporation Order 1967, Section 82	Burgh	Fined £5
31	Excessive preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2 and The Preservatives in Food (Scotland) Regulations 1962, Reg. 4	Sheriff	Fined £10
32	Failure to remove an accumulation of refuse	Edinburgh Corporation Order 1967	Burgh	Fined £5
33	Failure to remove a nuisance consisting of defective water storage cistern	Public Health (Scotland) Act 1897, Section 20	Burgh	Case withdrawn Work carried out
34	Failure to comply with a notice requiring him to clean house	Edinburgh Corporation Order 1967, Section 93	Burgh	Fined £3
35	Being the person having control or management of premises used for the preparation and packing of mussels failed to keep said premises in the conditions required	Food Hygiene (Scotland) Regulation 1959, Sections 5, 19, 20(1) and (2), 22(2), (3), (5) and (25)	Sheriff	Fined £20
36	Being the occupiers of a shop failed to close that shop for the serving of customers not later than 8 p.m.	Shops Act 1950, Section 2 (1)(B) as amended by the Revocation of Winter Closing Order 1952	Sheriff	Fined £2
37	Being the occupiers of a shop failed to close that shop for the serving of customers not later than 8 p.m.	Shops Act 1950, Section 2 (1)(B) as amended by the Revocation of Winter Closing Order 1952	Sheriff	Fined £5
38	Failure to remove a nuisance consisting of dampness	Public Health (Scotland) Act 1897, Section 16	Burgh	Case deserted House now subject of Closing Order
39	Failure to register a vehicle for the purpose of selling ice cream	Ice Cream (Scotland) Regulations 1948, Reg. 4(1)	Sheriff	Fined £7
40	Failure to wash and sweep common stairs	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £1
41	Failure to wash common passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished

# APPENDIX 14

## HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT 1954

### Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957

#### 1. Certificates of Disrepair issued under Section 18(1) of the 1954 Act.

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates *	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act .. .. .	298	76	203	19	59	56	2	1
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increase of rent are recoverable under Section 2(1) (c) and (d) of the Increase of Rent and Mortgage Interest (Restrictions) Act 1920 ..	56	31	8	17	11	11	Nil	Nil

Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

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